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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS†

MEDICAL LEGISLATION

Some Annual Session Proceedings.—At the first meeting of the House of Delegates held in Del Monte, on May 4th last, several informal reports were made by chairmen of standing committees in which the imminence of prospective legislation, that might have important implications for medical standards and practice, was stressed. It is to be regretted that every member of the California Medical Association did not have the opportunity to hear the speakers.

In the next issue one of the talks, by the Association's Legal Counsel, Mr. Peart, will appear among the articles in the general section. In the July number will appear the minutes of the House of Delegates, and reference is directed to the discussions by the chairman of the Committee on Public Policy and Legislation, Dr. Dwight H. Murray, and the chairman of the Committee on Conference with the California State Federation of Labor, Doctor John W. Cline. The tenor of the comments by these and other speakers emphasized the importance of the need of alertness by members of the medical profession to changes concerning so-called social welfare and betterment, in which physicians have a direct interest.

* * *

Physicians Should Be Alert As Citizens.—It is important for medical men and women to remember that the maintenance of high standards of medical practice and service,—in unsettled times such as the present,—requires that every physician shall not only be a competent Doctor of Medicine, but that he and she shall be also high-class citizens. Meaning, thereby, that every physician shall take a real interest in trends of a political nature—national, state and local,—and so be on guard against activities that might lead to a breaking down of public health and medical practice standards that have been proven of real value in the past.

* * *

State Election in November.—California will have a state election in November of the present year, and in August, the primaries will be held. Have you given any thought to the legislative candidates whose names will appear

† Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

on the ballots in the primary election? Do you know aught concerning their general reactions to public health legislation? Officers of Component county societies and their committees on public policy and legislation have here a very special responsibility!

May the hope be expressed that every physician who is in position to contact incumbent and prospective legislators will do his part for organized and scientific medicine and the public health? A let-down in medical practice standards could pave the way for less efficient care of our soldiers who are in the armed forces. Attention by physicians to their civic responsibilities, therefore, becomes a patriotic as well as a professional obligation. Let us not be found wanting.

NEXT ANNUAL SESSION

When Program-Making Begins.—Program and other plans for a succeeding year's annual session take on beginning form almost immediately after the concluding day of the convention of a current year. For the annual gathering to be held next year at Hotel Del Monte, the Council of the Association has authorized the Committee on Scientific Work to arrange programs somewhat in accord with the plan carried through for the 71st Annual Session, recently held. Should unforseen complications arise in the meantime, the tentative arrangements will be changed.

The return to a larger number of general meetings has met with general approval. In May last, the general meetings were held on Monday, Tuesday and Wednesday mornings, and on Tuesday afternoon, and the attendance on each day was excellent. Members were able to outline their schedules in manner to permit visits at convenient times to scientific and technical exhibits and medical and surgical film presentations. The twelve scientific sections in the specialties accordingly arranged their work for Monday and Wednesday afternoons, the larger sections also presenting programs on Tuesday afternoon.

The value of the Sunday meetings has been referred to in previous issues, and will be increasingly evident during the duration, since conservation of the time of physicians cannot be disregarded. Members who have never attended meetings of the Sunday groups and activities may well refer to the "Program: By Days" in the April issue of the OFFICIAL JOURNAL (pages 177 and 195-196) and note how well the time may be spent. For those who prefer utter rest and relaxation, the Del Monte and Monterey Peninsula environment offer many facilities.

* * *

Next Year's Essayists Should Communicate with the Proper Section Officers.—The names of officers of the twelve Scientific Sections appear in every issue of CALIFORNIA AND WESTERN MEDICINE on adv. page 6. Every member who contemplates possible presentation of a paper at next year's annual session should refer to this list, and at an early day write to the proper Section Secretary in regard to the prospective paper. Section officers and the C. M. A. Committee on Scientific Work will appreciate such coöperation. Concerning scientific exhibits and medical and surgical films, correspondence should be sent to the Association Secretary, who is in charge of these activities.

The joint meeting of the C. M. A. Committee on Scientific Work and the Section Secretaries will be held early in the Fall. It will make for the presentation of high-standard programs in 1943, if members of the Association who are in position to take part in the meetings, will communicate in the meantime with the proper officers.

CALIFORNIA AND WESTERN MEDICINE: PRINTING OFFICE

Why Printing Office Was Changed.—After investigation last year, the Council learned that a considerable money-saving in printing expense of the CALIFORNIA AND WESTERN MEDICINE could be made, if the OFFICIAL JOURNAL would be brought off the press in Los Angeles. Accordingly in January last, the change in printing office was made. Under the new arrangement, the June issue will complete Volume 56.

The task of transfer concerning printing arrangements has not been easy, but the hope is expressed that readers will feel that CALIFORNIA AND WESTERN MEDICINE is again taking on its former typographical appearance and format. The new printers have been fully coöperative.

Owing to the late date on which the transcription of the minutes of the House of Delegates was received, it is not possible to have them appear in the June number.

EDITORIAL COMMENT†

"MASKED CARCINOGENIC VIRUS

It is currently reported by Kidd[1] of the Rockefeller Institute that "masked" V_2 papilloma virus is able to multiply in the bodies of virus-immune rabbits, a seeming paradox with suggestive bearings on the therapy of numerous other virus diseases.

About ten years ago it was shown by Shope[2] that the horny cutaneous growths, common to the wild cottontail rabbits of the Middle West, are due to a filterable virus. The disease is readily transferred to domestic rabbits by rubbing papilloma extract (or filtrate) into slightly scarified

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

(sand papered) skin. In both wild and domestic rabbits, the resulting local papillomas tend to become malignant, giving rise to invasive subcutaneous growths, with metastases in regional lymph glands, lungs and other internal organs. While the resulting malignant growths[3] are readily transplantable into normal rabbits, the papilloma virus has never been recovered from them. Extracts and filtrates from metastatic nodules are wholly noninfectious when rubbed into slightly scarified normal rabbit skin.

Shope found that the serums of rabbits, either naturally or experimentally infected with the papilloma virus, contain antibodies that completely neutralize the virus in vitro, and that rabbits with high titer antiserums are practically immune to experimental percutaneous inoculation of the virus containing filtrate. It was afterwards demonstrated by Kidd and Rous[4] that the apparently virus-free secondary metastatic nodules are also capable of stimulating specific antibody production in normal rabbits. Antibodies, capable of neutralizing the Shope papilloma virus, appear in the blood of every new host in which the carcinoma enlarges progressively. A detailed study of the specificity of these antibodies led to the conclusion that the carcinoma cells must contain some relatively inactive phase of the original papilloma virus. Such a "masked"[5] virus is presumably incapable of infecting normal rabbit skin, but is apparently still capable of stimulating specific antibody production. This hypothetical "masked" papilloma virus is currently referred to as the "V_2 carcinoma virus."

The conclusion, that "masked" papilloma virus is the essential etiologic factor in the secondary carcinomas, renders the relationship of the "masked" virus to the primary anti-viral antibodies of basic clinical interest. In order to test this relationship, Kidd attempted to propagate the metastatic carcinoma in the bodies of virus-immune rabbits.

To prepare animals for this test a potent papilloma filtrate was rubbed on the freshly-scarified skins of a number of rabbits, followed two to three weeks later by multiple intraperitoneal injections with the same filtrate. About ten days after the last injection, the rabbits were bled from an ear vein, and their virucidal titers determined. Serums thus obtained had a complement fixation titer of from 1:32 to 1:128 when tested with the filtrate, previous work showing that a serum of even 1:24 titer is capable of neutralizing many thousand infectious doses of virus, and that an animal yielding this titer is usually completely resistant to percutaneous infection with the virus.

Transplantations of the metastatic carcinoma were effected by preparing a fine suspension of malignant tissue cells in 10 per cent homologous immune serum (Tyrode's solution). One cc. portions of this suspension were implanted in six of the leg muscles of the virus-immune hosts, both forelegs and thigh muscles being used. The malignant growths used in preparing these cellular suspensions had already been propagated for 2 years (12 generations) in normal (nonimmune) domestic rabbits. Injected into six leg muscles of a control nonimmune domestic rabbit the suspension led to the appearance of 5 palpable nodules ranging from 1.2 to 3.2 cm. in diameter by the 42nd day. During the ensuing 8 weeks all five malignant growths enlarged rapidly, reaching 7.5 to 10 cm. in diameter by the 107th day.

Injected into six hyperimmune rabbits, progressively enlarging carcinomas developed in three animals, early regression was noted in one rabbit, with no palpable tumors in the other two. By the 40th day, the three positive growths had reached 3.5 to 7.4 cm. in diameter. From these tumors Tyrode-immune serum cell suspensions were made for transplantation into a second group of hyperimmune rabbits, and the process repeated for five hyperimmune generations. The fifth generation growth was then returned to a group of normal rabbits, in which it grew rapidly and stimulated the production of specific antiviral (antipapilloma) antibodies. From their statistical evidence there is no doubt that Shope carcinoma can be propagated as well in animals hyperimmune against the initial papilloma virus, as in normal controls, and that antiviral (antipapilloma) antibodies have no inhibiting effect on the rate of propagation of the accompanying "masked" virus.

It is of theoretical interest to speculate upon the mechanism whereby the living carcinoma cells protect the "masked" virus from neutralization by circulating antibodies. The simplest assumption would be that the virus lives within the cancer cells and is thus protected from contact with humoral antibodies. It is conceivable, however, that the antibodies might be ineffective even if they came into contact with the "masked" virus. Such might be the case if the virus underwent a transient chemical mutation, transformation or conjugation into a secondary carcinogenic phase. So altered its new antigenicity might render it resistant or insusceptible to the primary antiviral antibodies.

This would be analagous to the well-known antigenic mutations[6] of the spirochetes of relapsing fever.

From a practical viewpoint, however, demonstration of the proliferation of the "masked" virus, in spite of an adequate humoral immunity, has a suggestive bearing on current methods of specific diagnosis, prophylaxis and therapy of numerous other virus diseases, complexities largely overlooked in conventional clinical logic.

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CUTANEOUS HYPERINFECTIVITY

Methods of increasing the microbic susceptibility of normal skin a hundred-fold by previous treatment with certain chemical agents are currently reported by Friedewald[1] of the Rockefeller Institute. Applying this new technique he was able to detect and isolate the "masked" virus in certain malignant growths, which previous investigators[2] had found to be wholly noninfectious.

A Berkefeld filtrate of an aqueous extract of the naturally-occurring papillomas of cottontail rabbits contains a virus which, when rubbed into slightly scarified (sandpapered) skin of domestic rabbits produces papillomas whose size, number and time of appearance are in mathematical relationship to virulence and dosage. On a standard scale of severiy, the lesions vary from a few small discrete papillomas (+), through many slightly larger discrete warts (++), to semi-confluent papillomas (+++), and finally to large confluent masses 1.5 to 2 cm. in height (++++). By means of this standard severity scale, unknown samples of this virus can be accurately titrated.

Using this scale, Friedewald tested the changes in size and severity of the growths produced by standard doses of virus rubbed into adult rabbit-skin which had been previously treated with physical or chemical irritants. Among the irritants tested were single or multiple exposures to x-ray or ultra-violet light, single or multiple applications of tar or other carcinogenic agents, as well as repeated applications of a number of noncarcinogenic chemicals, such as equal parts of turpentine and acetone, or 0.3 per cent methylcholanthene in benzene.

He found that within the limits of the experimental error, acute inflammation produced by x-ray or ultra-violet light did not alter normal skin susceptibility. Something approaching a 10-fold increase in the size or number of the resulting lesions, however, was noted in skins previously treated with certain (but not all) carcinogenic agents. An approximate 100-fold increase in severity was noted as a result of previous treatment with turpentine-acetone, or with 0.3 per cent methylcholanthene in benzene. In one series of rabbits, for example, the minimum infectious dose for normal skin was a 1:100,000 dilution of the selected virus. A 1:10,000,000 dilution of the same virus proved infective for turpentined skin. The increased susceptibility was also shown by a marked shortening of the incubation period, and by a marked increase in the size and complexity of the resulting papillomatous growth. In one series, for example, large confluent masses 1.6 cm. or more in height were noted on the treated skins, as contrasted with a few discrete warts less than 0.4 cm. high on the normal skins, a ratio of 135:1 in the sizes of the new growths.

Tests showed that a single application of these virus-enhancing chemicals did not appreciably increase skin susceptibility. Skins treated three times at two-day intervals, however, became highly susceptible, with but slight further increases in susceptibility as a result of six applications. The increased skin sensitivity persists for about two weeks, with complete loss of the acquired hyperinfectivity by the end of four weeks.

As a practical application of the new technique the Rockefeller Institute pathologists found that they were able to demonstrate papilloma virus in extracts of domestic rabbit "V_2 carcinomas," which previous investigators[3] had found to be noninfectious for normal domestic rabbit-skin. They were thus able to confirm the conclusion of the previous investigators that these carcinomas contain a "masked," "latent" or "cryptic" virus. This is a particularly significant finding, since it suggests a new method of experimental study of the possible virus etiology of human cancers and other controversial diseases.

Histological studies showed that the various agents which enhance virus susceptibility all cause the epidermis to proliferate actively, thus providing numerous young, actively-regenerating cells. These are presumably especially susceptible to bacterial and virus infections. Whether or not the same hyperplastic hypersusceptibility can be produced on mucous surfaces, however, has not yet been determined.

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Ludwig's Angina

Wilhelm Friedrich von Ludwig (1790-1865) communicated his vivid description of "a variety of inflammation of the neck which has recently been of frequent occurrence in this community" to the *Medicinisches Correspondenz-Blatt des Württembergischen Ärtzlichen Vereins* (6:21, 1836). A portion of the translation follows:

"After a series of prodromal symptoms . . . there develops a firm swelling . . . usually in the cellular tissue surrounding the submaxillary gland. This . . . swelling spreads around the neck under the jaw . . . with marked lateral bulging. . . . The tongue lies on a floor of . . . indurated bright-red tissue, which feels like a hard, calloused ring along the inner border of the jaw inside the mouth. . . . Ability to open the mouth is restricted and painful . . . speech is difficult . . . thick and gurgling. . . . The skin, . . . in the early stages at least, is very slightly reddened if at all and is normal in texture; . . . later, soft red spots may appear . . . but no pus is ever formed. . . . The symptoms of the subsequent rapid course are those of a putrid-typhoid process, and in four to five days, the tenth to twelfth from the onset of the illness, coma develops and death occurs with indications of respiratory paralysis."—R. W. B., in *New England Journal of Medicine.*

ORIGINAL ARTICLES

Scientific and General

INTRAVENOUS ANESTHESIA IN THE FIELD*

JONATHAN M. RIGDON, M.D. (M.C.), U.S.A.
Fort Ord

EVIPAL[14] was introduced as an intravenous anesthetic in 1932 and sodium pentothal[5] in 1934. The latter has rapidly increased in popularity in civil practice.[11] In 1939 twenty-seven per cent of all anesthetics given at the Mayo Clinic[6] were intravenous sodium pentothal. Statistics show that sodium pentothal is as safe as other general anesthetics in properly selected cases.[9] This anesthetic has the following advantages [4,11] which render its use ideal in military surgery:

1. Short, quiet induction period: 30 seconds to 3 minutes.
2. Good relaxation is obtained.
3. Emergence time is short and usually quiet.
4. There is no danger of fire with cautery or x-ray.
5. No elaborate equipment is needed. Equipment readily portable.
6. The anesthetic solution can be quickly prepared.
7. The anesthetic can be repeated with no ill effects.
8. Ease of administration by any Medical Officer who has had a course of instruction in its dangers.
9. Vomiting seldom occurs during or after anesthesia, and, when present, usually occurs after patient is awake and has cough reflex.

Pender and Lundy[10] recently predicted that intravenous barbiturates will be used more often in war surgery than any other type of anesthetic agent. Under the usual plan of evacuation of casualties, the Surgical Hospital is the first medical installation capable of furnishing major surgical facilities for the wounded. It is in the Surgical Hospital and the Evacuation Hospital that intravenous anesthesia has an especially useful place in the armamentarium.

CONTRAINDICATIONS

Intravenous anesthesia has been used for almost every type of surgical procedure.[2] However, there are several well-defined contraindications to this method which should not be disregarded:

1. Recent use of sulfonamide drugs, either internally or locally, in wounds.[1] This is theoretical only, based on the fact that Pentothal contains a sulfur radical.

Recent reports from England[8,12] show no apparent damage from the simultaneous use of the two drugs.

2. Respiratory embarrassment from: Cardiac decompensation, pulmonary tuberculosis, asthma or emphysema.[13]
3. Cases with rôles at pulmonic bases,[13] such as pulmonary blast cases from high explosive shells.
4. Inflammatory conditions of the neck[13] because of the tendency to produce edema of the glottis.
5. Trauma about the face and neck, with possible obstruction of the airway by blood.[4]
6. Gross hepatic disease or severe toxemia, with probable low liver function.[13] Pentothal is rapidly detoxified by the normal liver and excreted by the kidneys.
7. Nephritic damage contraindicates prolonged anesthesia, but brief anesthesia may be safely given.[13]
8. Low blood pressure.[13] The drug may cause a further drop in pressure.
9. Severe anemia, debility or shock, especially when secondary to hemorrhage.[13] Blood replacement should be done before such cases are anesthetized.
10. Head injuries, with increased intracranial pressure, since all barbiturates are respiratory depressants. In many such cases sodium pentothal may be used as the lesser evil, since nitrous oxide is definitely contraindicated.[7]
11. Diabetes mellitus. Pentothal increases the blood sugar.[9]
12. Obesity.[9]
13. Bronchoscopy and esophagoscopy, because of possible edema of the glottis or laryngospasm.[13]
14. Children under 12 years.[13] Children are susceptible to respiratory depression. It is difficult to maintain a patent airway in children. Venipuncture is difficult in children.

CASES WHICH ARE ESPECIALLY SUITABLE FOR INTRAVENOUS ANESTHESIA:[4,10,11]

1. Abdominal exploratory operations.
2. Amputations.
3. Brief operations: Example: incision and drainage.
4. Débridement.
5. Painful dressings, such as severe burns and removal of packing.
6. Reduction of fractures.
7. Removal of shrapnel and other foreign bodies from wounds.
8. Preliminary to inhalation anesthesia. Gives quiet induction.
9. To supplement spinal anesthesia which has worn off.

EQUIPMENT NECESSARY FOR INTRAVENOUS ANESTHESIA:[11]

1. Sodium pentothal (Abbott) — 1 Gm. ampoule.
2. Two sterile 20 c.c. glass syringes.

* The opinions or assertions contained herein are the private ones of the writer, and are not to be construed as official or as reflecting the views of the War Department or the military service at large.

Read before the Second General Meeting at the Seventy-first Annual Session of the California Medical Association, Del Monte, May 3-6, 1942.

3. Two sterile 19-gauge intravenous needles.
4. Alcohol for skin.
5. Tourniquet.
6. Sterile file for cutting ampoule.
7. Sterile distilled water — 100 c.c.
8. Sterile medicine glass for mixing solution.
9. Tongue forceps, butterflys, tape, towels, airway.
10. Oxygen tank with oxygen mask.

PROCEDURE FOR INTRAVENOUS ANESTHESIA

Preoperative preparation. This is subject to wide variation by different writers. One-sixth to one-fourth grain of morphine sulfate and 1/150 grain of atropine sulfate are usually given hypodermically one-half hour preoperatively. The morphine may be omitted for brief operations. The atropine is important[11,13] to prevent laryngeal spasm or hiccough, and to dry up the secretions.

OUTLINE OF LUNDY TECHNIQUE[11]

1. Prepare the solution. Dissolve 1 Gm. sodium pentothal in 20 c.c. sterile distilled water. Dilute to 40 c.c. with 20 c.c. more of water. The result is 40 c.c. of 2½ per cent solution.
2. Select a vein: median cubital, basilic, accessory or other.
3. Introduce needle into vein. Check by aspirating blood.
4. Have patient count slowly and regularly.
5. Give 4 c.c. of the solution at one time in 10 seconds.

The patient will sigh and lag in count at count of about 15. Sleep is then imminent.

6. Give 2 to 4 c.c. more of the solution.
7. When patient is asleep, proceed slowly—1 c.c. per minute for the first 10 minutes. After this proceed still more slowly.
8. Leave the needle in the vein during entire operation.
9. Watch the color of the patient, relaxation of jaw and respiration.
10. Assistant should keep patient's jaw forward and airway open.
11. Have oxygen with 5 per cent CO_2 ready to give, if needed.
12. Total amount of solution required: 20 c.c., or less, for minor procedure; 40 c.c., usually enough for a 50-minute operation.

First Lieutenant D. S. Challed, M.C.,[1] the anesthetist at the Station Hospital, Fort Ord, California, compiled the statistics on all operations at that hospital for one year from March, 1941, to March, 1942. There were no anesthetic deaths in this series. Challed's statistics are shown by Table 1 and 2 which follow:

TABLE 1.—*Type of Anesthesia Used*

Type of Anesthesia	Number of Cases	Percentage of Total
Local	1606	61.2
Spinal	809	30.8
Intravenous	163	6.2
Inhalation	47	1.8
Total anesthetics given	2625	100%

TABLE 2.—*Inhalation Anesthetics*

Inhalation Anesthetics	
Nitrous oxide	28
Ether	15
Cyclopropane	4
Total	47

In Challed's series sodium pentothal was used for all intravenous anesthetics. No complications occurred in these. This type of anesthetic was used mainly in fracture reductions, manipulations of joints, and incision and drainage operations. It was used for one adenoidectomy. The longest intravenous anesthesia given, of two hours duration was for brain operation, in which it was eminently successful. Four grams of sodium pentothal were used for this anesthetic. Challed used a 3⅓ per cent solution, but in other respects used the Lundy fractional method described above. For major surgery preoperative medication of 1/6 grain morphine sulfate and 1/150 grain atropine sulfate were given. For brief anesthesia the preoperative medication was omitted.

SUMMARY

Intravenous sodium pentothal anesthesia is as safe as other general anesthetics in properly selected cases. The advantages and contraindications of this anesthetic agent are discussed. Cases encountered in war surgery which are especially suitable for this type of anesthesia are listed. Preoperative medication and the Lundy fractional method of administration are outlined. Challed's series of 2625 anesthesias of all types, including 163 intravenous, is quoted.

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WAR-TIME PROBLEMS IN INDUSTRIAL HEALTH*

CARL M. PETERSON, M. D.
Chicago, Illinois

THE tempo and importance of industrial health are increasing by leaps and bounds. Certainly, no one factor about modern warefare has so impressed everyone of us as its dependence on industrial production. There is great and justifiable concern about our resources in materials, machines and man power. As a matter of fact, our greatest shortage of all is TIME. It is now regarded as axiomatic that no modern military power can afford to lose the productive energy of skilled and capable craftsmen from exposures unfavorable to health which in the main are preventable. In the course of current events, it is becoming plainer daily that the unprecedented mobilization of everything we possess must include intensification of industrial health effort.

The war-time problems of medicine in industry are not so much the acquisition of new information as wider and more direct application of what we already know. Industrial hygienists believe that the medical and engineering profession have accumulated sufficient data and have in their possession technical procedure and equipment to control all but the very newest occupational exposures or the very latest modifications of old ones. To be sure, research is a highly essential factor in the prosecution of war-time industrial health to such an extent that a considerable share of the total activities of such agencies as the Division of Industrial Hygiene of the National Institute of Health and many committies set up in the National Research Council is directly applicable to the physical welfare of workers. The Subcommittee on Industrial Health and Medicine has listed certain problems as of particular significance, as for example, the intensified occupational dermatoses problems associated with the increased use of cutting oils, compounds and chemicals; the appearance of new abrasives in grinding operations; the reversion to sand in many blasting operations; the enormous expansion in the use of acids and pickling operations and solvents of almost uncounted numbers and uses; the employment of x-rays in line operations; modifications in paint spraying methods and many other types of exposures which can be exceedingly troublesome if proper control measures are not utilized. All of us are familiar with the risks of munitions manufacture and production of war gases. Certainly, one of the most perplexing problems facing industry at the moment is the shifting nature of the work force resulting from the dislocation of young males to the military establishments requiring replacement by women, older men, sub-standard workers of various types including handicapped individuals or others not eligible for military service, practically all of whom require selective placement in occupations suitable to their physical and temperamental makeups.

PRINCIPAL INDUSTRIAL PROBLEMS

But in the main, the principal industrial problems which confront the medical profession aside from those which have to do with improved standards of medical and surgical care, are those involved in the wider application of preventive medicine and surgery in industry and much more extensive and improved industrial health supervision by physicians in plants of all kinds and sizes. The directions in which we are likely to find a solution to these complex situations, may possibly be best illustrated as follows:

ANALYZING CAUSES OF ABSENTEEISM

About a year and a half ago the director of the bureau of industrial hygiene in one of our state health departments asked the personnel manager of a good-sized machine tool company to maintain sickness records as a means of analyzing the causes of employee absenteeism. The plant was most coöperative and after careful study the conclusion was reached that considerable sums in lost wages and in shop production could be saved if more adequate industrial health supervision could be provided for the plant personnel. In the course of events a full-time industrial physician and three full-time industrial nurses were employed to supply this type of service to approximately 2,500 workers.

This procedure aroused interest elsewhere in the same industrial community and other smaller plants were impressed with the contribution which medical service could make in lowering lost time absences arising out of causes related to health. Since these plants felt unable individually to support a full-time physician, the local medical profession was consulted. It was suggested that individual practicing physicians might meet these new medical requirements if a basis agreeable to the employer and to the doctors could be arranged. After full discussion a rotating scheme for personal visitation by physicians to the plants was hit upon, such visits to occur daily, to last at least an hour, and to occur at a definite time of day, usually in the morning. It is interesting to report that frequently these physicians have become interested enough so that they spend more time than is actually required. The manner of rotation and all other medical policies, including compensation, are made by the local profession and recommendations sent directly to the personnel managers. All physicians in the community can participate if they care to, and nearly all of them do.

IMPORTANT CONSIDERATIONS

This experience compresses into one compact

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* Read before the Second General Meeting at the Seventieth Annual Session of the California Medical Association, Del Monte, May 3-6, 1942.
From the Council on Industrial Health of the American Medical Association.

case history a number of very important considerations—

1. It exemplifies the growing recognition by industrialists of the value of industrial health service. We have something they can use provided a method is devised which the employer can comfortably support.

2. It supplies an answer, at least in part, to the vexing question of how industrial health can be brought to the small plant.

3. It dramatizes the immensely improved relationships which are rapidly coming to exist everywhere between the three major classifications of physicians on whom industrial medical activity largely rests:

a. The industrial hygienist, commonly associated with bureaus of industrial hygiene in state health departments, whose functions are mainly investigative or consultative directly to industry and to the medical profession as well as certain duties in relation to enforcement of public health and sanitary codes relating to conditions of work. Prevention of industrial disability, whatever form it takes, occupies a prominent place in his thinking.

b. The full-time physician serving in one or several plants who exemplifies specialty practice in this field. He is concerned very materially with prevention in all of its aspects but in addition he must treat compensable disability and occupy himself with the many details of medical department administration.

c. The private practitioner in general or special practice who serves on call or part time. Best current estimates indicate that 80 to 85 per cent of medical service to industry is supplied in this fashion. As such it has been mainly remedial in character to such an extent that medium-sized and smaller plants have been left without the considerable advantages of preventive industrial medicine and surgery.

OBJECTIVES AND PROGRAM

The ability of the private practitioner to extend his interests in the industrial field and to face new problems and altered relationships has engaged the complete attention of the Council on Industrial Health for many months, both singly and in combination with the Subcommittee on Industrial Health and Medicine of the Health and Medical Committee, Federal Security Agency. From the very outset the Council became convinced that its educational and other services could only be made effective through wholehearted coöperation with each state medical society. We have been in close touch with developments in the California Medical Association through its own Committee on Industrial Practice under the chairmanship of Dr. Donald Cass of Los Angeles. I am thoroughly convinced that as the full implications unfold, no committee in your state association structure will be called upon to provide a higher type of leadership or will contribute more to existing medical standards or to the advancement of sound professional relationships. It now becomes desirable and even imperative to extend this same type of coöperative organization into counties to enable our membership to respond to the medical needs of industry occurring in their own individual communities.

What kind of program do we have in mind? In the first place, we must agree upon objectives. The purpose of medicine in industry is to promote the health and physical well-being of industrial employees. These objectives should be accomplished by:

1. Prevention of disease or injury in industry by establishing proper medical supervision over industrial materials, processes, environment and workers.

2. Health conservation of workers through physical supervision and education.

3. Medical and surgical care to restore health and earning capacity as promptly as possible following industrial accident or disease.

Certainly no new principle is enunciated in this list of objectives but it does provide a foundation on which a superstructure of specific functions in industrial medicine can rest and can be so regarded with confidence by all elements in the medical profession.

In the second place, we must define a little more in detail the medical needs of industry in terms of personnel and specific functions which will bring to plants both large and small good medical supervision, satisfactory both to those who receive as well as those who supply these services. The following components are essential:

For every plant:

1. A physician.
2. Nursing service.
3. Industrial hygiene service.
4. Proper correlation of plant health activities with:
   a. The practicing profession.
   b. The industrial commission.
   c. Units of local, county and state health health departments.
5. A health program to include:
   a. Health conservation by physical supervision and education.
   b. Plant inspections to establish control over harmful exposures.
   c. First aid and emergency care.
   d. Proper reporting of all lost time disability.
6. Adequate compensation of industrial health personnel.

As this ideal goal is reached (and enormous impetus is accumulating under the pressure of war industry and in the expressions of influential people in the government, in industry, and in labor) we can begin to feel that the quality of industrial health supervision is approaching reasonable uniformity—the quantity only varying according to size of the plant.

DESCRIPTIVE PAMPHLETS ON MEDICAL SERVICE IN INDUSTRY

To hasten this end, the Council on Industrial Health has issued a series of pamphlets descriptive of Medical Service in Industry which includes such titles as—

1. *Outline of Procedure for Physicians in Industry.*

This is designed to acquaint the practicing physician with duties and relationships in industry—a most helpful and useful statement.

2. *The Industrial Medical Department.*

A brief description of how to go about setting up a plant dispensary.

3. *Plant Hygiene Studies.*

This emphasizes that no physician will make a real contribution unless he gets out in the plant and makes constructive suggestions about the prevention of harmful exposures, using necessary industrial hygiene consultation and study whenever necessary.

All these publications and others on various aspects of industrial health are available on request from the Council office in Chicago or through your own state committee organization.

PROCUREMENT

Now that we have defined specific needs and objectives in industrial health, we come to the most serious problem of all—the procurement of professional and technical personnel sufficient in number and in competence to supply these services about which we have been talking. There are three main aspects:

1. Shall existing industrial-medical services be maintained as essential to the war effort?

2. From what sources may we expect to draw additions and replacements to our present industrial medical organizations?

3. What provision is necessary to arrange for the training of new recruits?

Plans are on foot to clarify the status of the industrial physician. He has always ranked high in the essential civilian medical services along with members of hospital staffs and faculties of medical schools. Instructions are being prepared by the Procurement and Assignment Service with the help of its Adversory Committee on Industrial Health and Medicine, so that state procurement and assignment committees will be able to refer to explicit instructions about maintenance of industrial physicians at existing assignments. Evidently also these same state procurement and assignment committees will function more and more as placement centers for new untrained medical personnel needed in war industry.

TRAINING

The most difficult problem to solve has been the mater of providing the proper training. A few professional schools have developed advanced training courses and there has been some effort to provide continuation study under existing postgraduate programs in state medical societies. The greatest success has been encountered where there has been concomitant training of physicians and industrialists together in the benefits to be derived from industrial health activity. The "Outline of Procedure for Physicians in Industry" will act as an immediately available guide to all ordinary duties and relationships. For more extended training both before and after graduation, the Council on Industrial Health and the Committee on Education of the American Association of Industrial Physicians and Surgeons have prepared a report entitled "The Teaching of Industrial Health," which we will be glad to supply either directly or through application to your own state society committee.

CONCLUSION

In the last analysis, a considerable share of the problems in industrial health boil down to these three:

1. Is this environment a safe and healthful place in which to work?

2. Is this worker properly equipped physically and temperamentally for the work he is doing or for which he is applying, and if not how can he be fitted to perform it?

3. Is this physician properly equipped to recognize and control forms of disability most likely to occur in plants or in occupational groups under his supervision?

In each of these fields attempts are being made to apply the techniques of standardization and certification. Plants are already being inspected for hazards to health and safety. Industrial medical departments are being approved as fulfilling certain minimum standards. In keeping with the times, it is proposed that physicians limiting practice to industrial medical affairs demonstrate their qualifications as specialists before a certifying board.

These prospects, whatever else may be said about them, indicate that industrial health is a province in medicine of great vitality and with most interesting potentialities. Many of its important aspects which only physicians are equipped to perform are virtually unexplored. Here, perhaps, is one of the few remaining opportunities for the extension of needed medical service on the basis of personal initiative by individual physicians. Again, developments which have already occurred may be the spearhead leading to nationalization of certain forms of medical service. In any event, the highest type of medical leadership and diplomacy is needed to see that the essential interests of the worker, the employer and the physician are proporly understood and intelligently safeguarded.

535 North Dearborn Street.

Give me health and a day, and I will make the pomp of emperors ridiculous. Emerson, *Nature, Addresses, and Lectures: Beauty.*

HALLUCINATIONS: THEIR MECHANISM AND SIGNIFICANCE*

JAMES A. CUTTING, M. D.
Agnew

AN hallucination differs from an ordinary thought or a recalled memory chiefly by its vividness and its feeling tone. The fact that a woman upon hearing her name called as she is about to start on a shopping tour is impelled to turn back, search each room, examine every closet, and look under all the beds, in order to determine from whence and from whom the strange voice came, illustrates not only the vividness of the hallucination but also an associated feeling of awe and fear.

Hallucinations are frequently encountered in sleep, epilepsy, the psychoses, toxic conditions, hypnosis, and on occasions, even in the so-called normal individual. It is a matter of record that such famous characters as St. Paul, George Fox, Joan of Arc, as well as a host of others, have experienced hallucinatory phenomena which have influenced the course of history.

CURRENT THEORIES OF CORTICAL FUNCTION

In order to better understand the mechanisms of hallucinations, it might first be well to summarize some of the current theories of cortical function. The acquisition of a cerebrum makes it possible for man to dominate the rest of the animal kingdom, since it enables him to employ memory, judgment and delayed action when confronted with a given situation. The cortex is constantly bombarded by sensory stimuli which enter its specialized centers; these are compared with previous sensations and correlated with those from other areas. Thus cognition is established. Through association fibres contact is made with the frontal lobes where these cognitions are synthesized and form the basis of thought, reason, judgment and imagination.

According to Tilney and Riley[1] the thalamus still retains much of its primitive power of providing a feeling tone for the many sensory stimuli passing through it on the way to the cortex. By means of cortico-thalamic connections this primitive feeling tone of fear, anger, pleasure, sex and the like are kept under control by the cortex. Should this control be lost, a pathological expansion of the emotions would result producing a neurosis or a psychosis.

RELATION TO DISSOCIATED STATES OF MIND

It is commonly stated that hallucinations thrive best in dissociated states of mind, and it is in sleep, epilepsy, toxic states and the psychoses that we find these dissociations actively at work. In the process of going to sleep, as we snuggle down in bed, we automatically shut out a stream of sensory stimuli from the organs of sight, hearing, equilibrium, and the like, which, according to Rosett,[2] ordinarily keep us oriented and direct our thought and judgment. As a result, control over the thalamus is lost and thus we fall back on a more primitive way of thinking—a vivid, thalamic, emotional, hallucinatory way. Our thoughts now come to us as dream pictures; condensed, vivid images made of more primitive stuff, which pass before us as hallucinations in the form of a moving picture as it were, or as a moving picture with the addition of a sound tract.

The same mechanism is found in the dissociated minds of the epileptic.[3] By a narrowing of his sensory fields he often experiences hallucinations which precede the convulsion, consisting of flashes of light, the ringing of bells, visions of heaven and the like.

The worries, fears and anxieties of the dissociated psychotic are greatly exaggerated when viewed through his thalamic tinged mind, all of which is made doubly convincing by the accompanying hallucinations—since to see and to hear is to believe. That this same expanded feeling tone occurs in sleep is shown by one of my own recent dreams. In this dream I was delivering an eloquent speech before a huge audience. As I awakened, I was able to remember for a few moments my closing remark which I found myself mumbling aloud. It consisted of a jumble of unintelligible monosyllables — the condensed verbal symbols depicting the climax to my great speech—truly a rude awakening!

Many patients have told me on recovering from their upsets that in retrospect their psychoses seem like dreams or horrible nightmares; and like dreams some soon fade away, others are remembered. In our dreams the most absurd things seem perfectly real but on awakening we see their incongruity; likewise on awakening from their upsets the hallucinations of the psychotics seem just as absurd to them. Alcoholics suffering from a delirium have said that it was often impossible for them to distinguish between their dreams and their hallucinations.

ILLUSIONS

Illusions are, as it were, mild forms of hallucinations in which one misinterprets what one sees or hears. These are common and we have all probably experienced them. They are especially apt to occur in a state of expectancy or stress. Thus, as one walks along a lonely forest path at dusk, he feels a primitive instinct pulling at the roots of his hair as he misinterprets the outlines of a stump for a crouching mountain lion. The following case illustrates the way in which these illusions may direct the thoughts of a dissociated, complex-filled mind. Mrs. A. was a 45-year-old, divorced instructor and university graduate: "I could see pictures in the sky of bears and icebergs," she said: "They were really images in the clouds but they were so perfect I can't figure out how they did it. I thought someone at the University was trying to amuse me.

* Chairman's address. Read before the Section on Neuro-Psychiatry at the Seventy-first Annual Session of the California Medical Association, Del Monte, May 3-6, 1942.

From the Agnew State Hospital, Agnew, California.

The bears moved rapidly and they naturally suggested the University of California and they seemed to be driving off the icebergs. They were going to make it warmer down at Stanford. I've always been busy but I thought they might warm up more toward me and invite me down. I saw a camel, too, and that suggested Dr. Campbell (a former professor). I thought it quite wonderful. It was just like a moving picture and I'd give two cents to know how they did it."

REPORT OF CASES

As an example of the way these conflicts and buried complexes can be projected back to the individual in the form of hallucinations, the following case is cited.

CASE 1.—Mrs. F., was a very obese, untidy, sloppy nurse committed to the hospital because of an excessive indulgence in alcohol and paregoric. Shortly after entry she complained bitterly that the attendants were calling her a big dirty slob, and that one loud voiced nurse was reading an old diary she had written years ago. She was outraged that this very personal stuff should be brought out and read to the whole ward. She was of course protesting against the obvious fact that she was the big dirty slob the voices were calling her, but which she would not consciously admit. The old diary likewise was a reflected hallucinatory memory, charged with emotion.

* * *

How gradual the transition sometimes is from illusion to hallucination, and from hallucination to delusion, is illustrated in Case 2.

CASE 2.—Mrs. G., a woman of 46, who entered the hospital in a manic condition. By looking at the bare, discolored walls of her room, certain spots would gradually turn into flowers and tropical forests. Soon she was able to see these beautiful visions with her eyes closed or when she put her head under the bedcovers. On one occasion she saw a procession of faces flash before her. One of these images seemed to be that of the badly scarred face of her dead mother (her mother had died of burns when patient was only five). The patient was given continuous baths, and here half floating in a tub of warm water, she said she experienced a most heavenly feeling—so heavenly in fact, that at length she imagined she really was in heaven. She thought the nurses in white uniforms and caps were angels waiting on her. Believing her mother was also in heaven, she asked one of the angels to find her mother so that they might visit together.

* * *

The case of F. M. is cited to show to what lengths this patient went to understand and control his hallucinations.

CASE 3.—"At one period of my life," he states, "I engaged in the study of the workings of the brain, mind and soul, and the mystery in which it was encompassed." He was a 48-year-old, single plumber, with a common school education and diagnosed as a case of tabes with psychosis. One year following the death of his mother he experienced his first hallucination. On returning home from work, he had thrown himself on his bed and had fallen asleep. "Suddenly sometime after midnight I started up and saw a big ball of fire in my coat. I slapped myself to make sure I was awake and then reached for the flaming ball. It gradually rose to the ceiling and floated out the window. It must have been the spirit of my dead mother which was trying to guide me. I had resolved to consult her in the other world if possible."

Auditory hallucinations began about seven years before entering the hospital. He first heard a man's voice talking in his left ear in a low bass voice; later a woman's voice, very cold and icy, began talking to him in his right ear. "They talk so dirty," he said, "that really they soil my thoughts."

For several nights before coming to the hospital these voices had been very disturbing. Unable to sleep, he had walked the streets all night. "I thought a mob was after me so I took to the hills. I slept under the bushes, and passed through rooms of skeletons and ghosts. I walked in circles. Down the road I saw a silver goose. I knew it was not there but still I saw it. I went over and put my hand right through the goose, but still I could see it. Voices kept telling me to commit suicide 'it was the easiest way out.' Finally in desperation I did slash my throat and wrists with a razor. I was in such a frenzy it did not hurt. I thought I had control of the ether. Then it seemed the world lost its equilibrium and Africa sank out of sight, then Europe. As I stood on the top of the mountain waving my arms a voice shouted, 'What a wonderful man; what powers you have attained!' "

On entry to the hospital he was still actively hallucinated. He described the voices as having a whistling sound—"If you ever heard a person with a kind of whistling voice talking through a tube, that is the way it sounds. Sometimes a voice says 'the hallucinations will now commence' and I will see a tiny speck of violet or purple light, and then images of hideous faces appear. Sometimes I will hum a tune and the two voices will sing the words. I stop humming but they go on with the words—it's most disagreeable. Yesterday I began singing a song when simultaneously they began singing a lively tune quite different from the slow movement of the song I was singing. While praying, the voices interpolate vulgar words and I have to cease praying." Sometimes the voices call him a maniac, a syphilitic, a gormandizer, and then get to fighting among themselves, each trying to making the other keep quiet and all the while the patient, as a bystander, merely listens in. One day he thought the examiner had made a mechanical device that would produce every conceivable sort of a sound. One after another these sounds were tested on him so that he would be able to tell the real sounds from the hallucinations. When he talks with someone, the voices do not bother but whenever there is a lull in the conversation, or he stops to meditate, the voices immediately start shouting. Patient says "there seems to be a conflict between my inner and outer mind. The voices seem to get hold of my inner mind."

Sometimes the voices made him laugh outright. While straining to bend an iron bar, he heard one of the voices grunt for him, whereupon the patient said to the voice, "One would think you were doing this work" and the voice replied, "You're damn right, you make us work like hell." On occasions when he cannot think of a word the voices would shout it at him and then curse him. When they bother him too badly, he will try to trip them up by suddenly asking "8 and 6 and 5 are how many?" The voices reply, "We don't know, we are fools." Whenever he passed through the engine room with its roaring fires he noted that the voices would become much louder, then as he passed out into a quieter room the voices would diminish in volume. "Adjusting the gasoline torch causes a variation in volume of the voices," he states, "a shout when it is on full blast to almost silence when shut off. The ringing of a bell

causes almost a horror between the sound as it hits the ear drum and the interior shout." "One day," he relates, "as I crawled into a large iron tank, to my astonishment, the tank vibrated on all sides, ringing back what was being shouted within my head. I was so surprised that I withdrew and stood for a moment thinking. I then varied the speed with which I entered and left the tank. A change took place so quickly that half of a word sounded afar and the balance almost within my head." He observed while hammering, that as the hammer hit the anvil, at that instant the voice became very loud. He thought to trick the voice and stopped the hammer just before it reached the anvil. The voice shouted as though the hammer had struck. He tried this many times with the same result, and then the voice began cursing him in a "horrible manner."

"Once the voices asked 'what are you thinking about,' then started giving me orders and suggestions. Finally I replied 'This is my conscious life, I am the judge,' to which they replied, 'We admit we are in a house of bondage,' then added quickly, 'we tell you too much.'" The patient further observes, "Conscious thoughts of a most casual nature are taken up by the highly alarmed subconscious, are magnified a thousand times, and then break in on the conscious operations. The voice I call number one repeats with astounding rapidity; a lengthy thought that would take thirty seconds or more to speak is repeated back in two seconds. New music that requires conscious attention to read, pleases the subconscious and causes almost complete silence of the voices. On the contrary what is known as ragtime, causes a most distressing condition and has the same effect as the boiler room."

"The following are some of the verbatum subconscious expressions as I receive them:

'This is consanity, not insanity.'
'You're as sweet as an appleblossom.'
'Almighty God you are a difficult patient to gormandize.'
'The alphabet no longer runs from A to Z.'
'I'll shoot you yet. Let us kill ourselves.'"

* * *

Comment.—Thus the hallucinations of this patient follow closely the pattern of the dissociated dream mind. The rather silly verbatum expressions of the "subconscious" are in reality basic and full of significance to the patient. At times he is able to gain a measure of insight then again the dissociation becomes so great that he is lost in complete confusion. That the hallucinated material may form strange combinations with reality is shown when he hallucinates the silver goose onto the actual road upon which they both stand. This differs from the usual dream mechanism which of necessity hallucinates the whole picture—actors, stage settings and all. However, a somewhat unique resemblance is shown between the hallucinations and a dream condition known as a "dream within a dream," when the patient, by means of a delusional device, hallucinates a variety of sounds in order to test these sounds with those he knows are being hallucinated.

STUDY OF 100 CONSECUTIVE PSYCHOTIC PATIENTS

In a study of 100 consecutive psychotic patients admitted to Agnews State Hospital I found that of these 74 per cent had hallucinations, 64 per cent were auditory in nature, 40 per cent visual, and 28 per cent had a combination of both auditory and visual; 83 per cent of the schizophrenics had hallucinations of which the auditory led the visual in the proportion of 19 to 11. Of the Manic Depressive 50 per cent had hallucinations, the auditory leading 9 to 6. It would appear from these figures that since the less malignant psychoses such as the Manic Depressives and Alcoholics have a more even balance of visual and auditory hallucinations, the visual hallucinations in general have a better prognosis than the auditory. It is of importance to note whether or not the patient's actions are directed by the voices.

TABLE 1.—*Analysis of 100 Consecutive Psychotic Patients Admitted to Agnew State Hospital*

PSYCHOSIS	No. of Cases.	Auditory.	Visual.	Both	Olfactory.	Others Types.	Without Hallucinations
Dementia Precox....	24	19	11	7	2	1	4
Manic Depressive...	20	9	6	4	..	..	10
Psychosis With Cerebral Arteriosclerosis	16	7	4	1	..	..	4
Alcoholic Psychosis..	15	14	11	10	1	1	0
Paresis	7	3	1	0	..	..	3
Involutional Melancholia	7	3	0	0	..	..	4
Senile	5	4	2	2	..	..	1
Epilepsy	2	1	2	1	..	..	0
Others	4	4	3	3	..	..	0
	100	64	40	28	3	2	26

IN CONCLUSION

In conclusion it might be noted that since dreams are in essence the hallucinatory thoughts of a dissociated mind, and inasmuch as we all dream, it is evident that much of our lives are spent as bedfellows of the insane. Each morning we should indeed be thankful that we awaken to at least a degree of sanity.

SUMMARY

In this presentation it is pointed out that hallucinations differ from ordinary thoughts, or recalled memories, chiefly by their vividness and feeling tone. The underlying mechanism of dreams and hallucinations is shown to be similar as illustrated by actively hallucinated patients. An investigation of a series of one hundred psychotics indicates that auditory hallucinations are more frequent than visual, while the visual appear less malignant than the auditory.

Agnew State Hospital

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The healthy know not of their health, but only the sick: this is the Physician's Aphorism. Thomas Carlyle, *Characteristics.*

ENDOCRINE THERAPY: POTENTIAL ABUSES IN GYNECOLOGIC DISORDERS*

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THE dawn of endocrine therapy may be traced to the age-long concept that some particular virtues are inherent in animal organs and that these properties are transmitted. At first, these beliefs were concerned with fundamental problems of life. Primitive man drank the blood and ate the heart of a worthy foe in order to acquire courage and invincibility. Later, however, this concept was extended to the treatment of disease. It was described in Egyptian papyri and was known to the Greeks and Romans.

EXPRESSIONS DURING THE MIDDLE AGES

A great many substances were recommended and there were two fundamental principles underlying the therapeutic employment of animal matter. In one case, especially popular during the Middle Ages, treatment was known as isotherapy, or *similia similibus*, and was based on the belief that diseases or diseased organs were benefited by things similar to them. For example, jaundice was helped by the sight of a yellow bird, the lungs of a fox were administered for respiratory disorders, the brain of a hare for nervousness, and testicular tissues for virility. As Paracelsus expressed it, "heart cures heart, spleen spleen, lungs lungs."

In most instances, however, this type of therapy was merely the superstition of sympathetic magic and the extracts were employed in a haphazard manner. The materials in vogue were administered singly or as a *mixtum compositum*, and were not always from clean or relatively clean organs. They were often unsavory materials, such as the viscera or excreta of animals. Actually a "filth pharmacopeia" came into existence and included bile, blood, bones, brains, claws, eggs, excrement, eyes, fat, feathers, hearts, horns, milk, omentum, placenta, sexual organs, skin, teeth, and urine.

IN LATER CENTURIES

During the eighteenth century William Heberden condemned the polypharmaceutical practices of the times, and Thomas Sydenham opposed the employment of these nauseating remedies. The various elements of the "filth pharmacopeias" gradually fell into disrepute, so that the Pharmacopeia of 1788 retained only one animal remedy —wood lice.

At about this time Théophile de Bordeu of Béarn gave what is considered the first clear concept of the function of the glands of internal secretion. He described in detail the changes following excision of the gonads in both males and females, and attributed special importance to these organs in the human economy. He believed they gave a "male or female tonality" to the organism and that they "set the seal upon the animalism of the individual." Since he thought these effects were brought about by specific secretions discharged into the blood stream, he came very close to the modern theory of the endocrine glands.

However, Bordeu presented no experimental evidence and his work was regarded merely as an interesting example of eighteenth century speculation. It remained for Berthold in 1849 to demonstrate the retention of the sexual characteristics of a rooster following transplantation of its testes. This experiment was most fundamental but its significance was not recognized at the time.

BROWN-SEQUARD'S EXPERIMENTS

During the early part of the nineteenth century important contributions were made to the study of the endocrine glands, notably the thyroid and the adrenals. Claude Bernard coined the term, "internal secretion" in describing the results of his studies on glycogen. Finally, on June 1, 1889, Brown-Séquard reported his astonishing results from self-administration of testicular extracts, and this occasion is frequently referred to as the "birthday of endocrinology." At any rate, the high esteem in which the old gentleman was held in the scientific world lent great weight to his words, and ever since that time glandular therapy has been an important field of medicine.

SUBSEQUENT STUDIES

During the thirty years following Brown-Séquard's pronouncement material strides were made in our knowledge of the function of the ductless glands and of the syndromes accompanying various pathologic conditions. This era also was noted for many ill-advised therapeutic experiments. The successful treatment of hypothyroidism by oral administration of desiccated thyroid extract was a brilliant advance, but the principle underlying this work was erroneously extended to include a great many other organs. Numerous extracts, such as dried pituitary, ovarian and testicular, were widely employed and fanciful claims made for their virtues. It is known today that most of these preparations contain no active elements, and in the evaluation of clinical results the possibility of autosuggestion was usually overlooked. As recently as 1924 an American firm listed among its products brain substance, kidney substance, liver substance, mammary substance, pineal substance, prostate, spleen, and tonsil. No wonder the practice of endocrinology smacked of quackery and fell into disrepute!

The past two decades have brought about a rapid evolution, especially noteworthy with re-

* Chairman's Address. Read before the Section on Obstetrics and Gynecology at the Seventy-first Annual Session of the California Medical Association, Del Monte, May 3-6, 1942.

gard to the relationship between the endocrine glands and obstetric and gynecologic disorders. This change has been accomplished primarily by three important fields of research. First, the study of the estrous cycles of rodents and the menstrual cycles of monkeys has served not only to elucidate many obscure physiologic phenomena but has furnished clear-cut tests to determine the biologic potencies of the preparations employed clinically. Second, the development of biologic tests has enabled us to demonstrate the presence or absence of active endocrine substances in the human and greatly increased our facilities for diagnosis. And finally, the outstanding contributions of the biochemists have given us purified active preparations for the treatment of patients.

GOOD AND BAD FACTORS

These advances have contributed greatly to the efficient diagnosis and treatment of many disturbances of the reproductive organs, but several undesirable features have come into evidence which must be viewed with considerable alarm. In some instances are found women in whom a questionable diagnosis of "hypovarianism" has been made, and who have been given high dosages of estrogenic hormones at frequent intervals over periods ranging as long as from two to four or more years. The recent release by the Pure Food and Drug Administration of a potent synthetic estrogenic substance which can be purchased by anyone over the counter of any drug store brings up all the dangers inherent in self-diagnosis and self-medication.

The ease with which all preparations of sex hormones can be obtained and employed opens up wide possibilities for harmful exploitation. For example, the use of chorionic hormone, progestin and testosterone for so-called functional uterine bleeding is a great temptation to ignore certain fundamental principles of gynecologic practice. I would not hazard a guess as to the number, but I fear that many women with early carcinoma of the fundus uteri have been treated with hormones without suitable preliminary investigation as to the cause of the bleeding and therefore many precious weeks lost before the institution of adequate treatment. In other cases we note lack of understanding as to the pharmacologic properties of the hormones employed, as in the case of amenorrheic patients receiving injections of chorionic gonadotropin over a long time, with absolute disregard of the fact that this substance in the human is a depressant and not a stimulant of ovarian function. The usage of the biologic tests also is open to abuse. Some of these tests still are only of academic value, but are foisted on unsuspecting patients at considerable expense and inconvenience. And, finally, they are sometimes utilized as *substitutes* for history-taking and physical examination, while they are merely *clinical aids*. An Aschheim-Zondek or Friedman test is a simple way of making a diagnosis of pregnancy, but it takes a pelvic examination to reveal the presence of an ectopic gestation!

COMMENT

There are many such examples, and they present a very real problem. Many advantages have resulted from our knowledge of the sex hormones which has been acquired in recent years. It would be most unfortunate if this work once again should be the target of acrimonious criticism. There is no direct way of eliminating these abuses, but any physician making free use of the sex hormones as therapeutic agents or attempting to apply biologic tests to clinical problems should seek: (1) to understand the physiologic and pharmacologic action of each of the hormones;

(2) To recognize the clinical indications for their employment;

(3) To carefully evaluate the results obtained in groups representing the various pathologic entities; and

(4) To distinguish between those tests which are pure research problems and those which are of proven value in clinical work.

FAULTY NOMENCLATURE

The endless names given the different hormones by research workers and commercial manufacturers have been the cause of much confusion. It is almost an insuperable task to remember all the terms which have been employed. Nevertheless, the hormones recommended for clinical usage fall into a few general groups and it behooves us to have a clear conception of the physiologic and pharmacologic properties of each of these categories. Estrogenic substances may be glibly considered as indicated for hypo-ovarian conditions, but they have many different actions on many different organs. They may be employed for the purpose of effecting a systematic reaction, or it may be desired merely to induce a local action. Some preparations are active by mouth, others less so; one should be given by intramuscular injection and another by topical application. In one instance the effect is fleeting; in another it is sustained. Progestin also is a hormone of the ovary, but the indications for its employment are altogether different from those for estrogen. There are several types of gonadotropic hormones, and though they all act upon the gonads their effects may be entirely different. The anterior lobe gonadotropin is a stimulant, while the chorionic hormone is a depressant of ovarian function in women, and a combination of the two results in an enhancement of the anterior pituitary effect.

PROPER DIAGNOSIS IMPORTANT

Recognition of the clinical indications is probably the most difficult part of our task because our understanding of endocrine disturbances has lagged far behind the progress of our friends in the laboratory. For this reason sex hormones at times are used empirically, and this will remain

unavoidable until our knowledge increases. Nevertheless, it certainly is important to make a thorough attempt to establish a diagnosis before instituting active therapy. We should not resort to the sex hormones merely as an escape from our ignorance of the patient's disorder.

COMMERCIAL PAMPLETS

A frequent complaint made by practitioners is that commercial manufacturers do much harm by their employment of high-pressure salesmen and their vast literature making fantastic claims for these endocrine preparations. This may be true, but under our existing capitalistic system the manufacturers must compete by extensive advertising if they wish to survive, so they can hardly be blamed on that score. As far as the various pamphlets they distribute are concerned, I feel that in most instances the physicians themselves are responsible for the material they contain. We find it easier to read these booklets than to follow our scientific literature, and you will note that practically all the claims made by reputable manufacturers bear references to articles published in our own journals. I doubt that there is another field of medicine which can boast of a greater annual output of worthless reports of superficial clinical studies than the field of endocrine gynecology. It seems there is an irresistible urge to rush into print as soon as the first dozen or the first nine hundred patients have received their due allowance of estrogenic or other hormone. Let us apply a sound critical judgment in evaluating our results, and in passing let us also express our appreciation to those manufacturers who have striven to furnish us with reliable active endocrine substances instead of chocolate-coated placebos.

EVALUATION OF BIOLOGIC TESTS

And, finally, a few words must be said regarding the proper evaluation of the biologic tests now available. The simplest concept of these procedures is that they are the means of demonstrating an increased or decreased activity of a particular gland, but actually the whole problem is much more complex. The Aschheim-Zondek or Friedman test at first was considered an index of heightened anterior pituitary function, but now it is known that it merely proves the existence of active chorionic tissue. The demonstration of estrogenic or androgenic substances in the blood or urine likewise is not necessarily evidence of ovarian or testicular activity because they are found in both sexes, in castrates, and after the menopause. For many years it has been possible to show increases of anterior lobe gonadotropin in blood or urine, but instead of demonstrating a primary pituitary hyperfunction it points to a total absence of ovaries or testes. A number of reports have appeared recently regarding the demonstration of increased amounts of certain male sex factors, the 17-ketosteroids, in the urine of males or females. This phenomenon seems to be a feature of adrenal dysfunction. The correct interpretation of biologic tests is very complicated and commands painstaking study and sound understanding before these tests can be applied in a wholesale fashion to clinical problems.

IN CONCLUSION

In spite of the great advances made, one cannot help feeling that we have only begun, and a long road still lies ahead. In the meanwhile, we have a real challenge to spur on this work by the intelligent use of the fundamental knowledge we already possess, by maintaining a sound, critical attitude, and by avoiding the pitfalls of the days of the "filth pharmacopeia" of the eighteenth century and those of the endocrine fantasies of the early twentieth century.

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SULFONAMIDE MEDICATION*

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ONE year ago the subject of sulfonamide medication was reviewed in this journal. Since that time, many aspects of the mode of antibacterial action of these chemicals have been clarified, several new drugs have been accepted for clinical trial, and much information has been accumulated in regard to the relative usefulness of the previously well-established sulfonamides. Furthermore, the value of local application of these agents, under certain circumstances, has been studied.

It seems appropriate, therefore, to summarize and discuss various aspects of these very interesting developments in the field of chemotherapy.

MODE OF ACTION

It has been apparent for some time that the sulfonamides interfere with the growth and multiplication of bacteria, both *in vivo* and *in vitro*, and that the occurrence of this bacteriostatic process in the infected patient permits the normal immune mechanisms of the host to destroy the disease producing micro-organisms. The mechanisms of action of these agents in the inhibition of bacterial growth have been obscure, although it has been known that certain substances, including peptones, an amino-acid, and many purulent exudates, are capable of interfering with the bacteriostatic activity of these substances.

Recently, it has been demonstrated that the presence of very small amounts of para-amino

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benzoic acid completely destroys the effectiveness of all of the sulfonamide derivatives in cultures and in the animal body. This compound closely resembles the sulfonamides in chemical structure, has been isolated from the bodies of certain micro-organisms, and is known to be essential to the growth of at least one.

It is believed, therefore, that para-amino benzoic acid is an essential constituent of some vital microbial enzyme system, and that the bacteriostatic activity of the sulfonamides depends upon their ability to replace para-amino benzoic acid in the enzyme, interfering with its action and causing a cessation of bacterial growth.

GENERAL PURPOSE DRUGS

Several sulfonamides are available that are well absorbed by the body, and which are used for the treatment of various infectious processes. These will be discussed in turn.

Sulfanilamide.—Sulfanilamide was the first of the sulfonamides to receive wide clinical trial. It is a highly toxic drug which frequently causes cyanosis, anemia, liver damage, and severe gastrointestinal and cerebral disturbances. Its theraputic range of usefulness is extremely limited, and all of the newer compounds are more active bacteriostatic agents.

The use of sulfanilamide is not associated with the development of crystalluria, hematuria, or renal stones, and it is inexpensive. Its use, however should be abandoned except under the most unusual circumstances because of its other toxic effects and relative theraputic ineffectiveness.

Sulfapyridine.—Sulfapyridine was the first sulfonamide which was demonstrated to be effective in the treatment of pneumococcus pneumonia, and is also of theraputic value in many other infectious processes. Severe toxic reactions, especially nausea, vomiting, and the development of renal calculi, have caused it to be abandoned as a chemotheraputic agent. No indications now appear to exist for its administration.

Sulfacetamide.—Sulfacetamide has been proposed as a sulfonamide less toxic than sulfanilamide for the treatment of infections of the urinary passages. It is quite soluble in water, well absorbed and excreted, and very actively bacteriostatic in the test tube. Evidence has been presented, however, which indicates that it is converted in the body to ordinary sulfanilamide. Furthermore, clinical trial has demonstrated that the administration of large amounts is associated with severe toxic reactions, and that cyanosis and anemia frequently develop.

Since the clinical effectiveness of sulfacetamide may be no greater than that of sulfanilamide, its use should be discouraged until its pharmacology is well established, and its fate in the body adequately determined.

Sulfathiazole.—Sulfathiazole is the most widely used chemotheraputic agent. Of relatively low toxicity. it is very effective in pneumococcus, staphlylococcus, gonococcus, meningococcus, coliform bacillus, and probably also in hemolytic streptococcus infections. Milligram for milligram, it appears to be more actively bacteriostatic than any other accepted sulfonamide against nearly all bacteria.

Certain disadvantages are associated with the use of sulfathiazole. It is irregularly absorbed and very rapidly excreted, so that high concentrations in the blood are difficult to maintain, also the formation of crystals and stones in the kidneys is not uncommon. The amount of chemical which diffuses into the cerebro-spinal fluid is also low.

Toxic reactions are not, as a rule, severe if the drug is administered for less than a week, but after this interval many instances of fever and dermatitis will be observed. Furthermore, sensitization to the chemical develops in approximately 25 per cent of all individuals in whom sulfathiazole therapy has been used, so that the subsequent administration of even small amounts of the drug may be associated with severe febrile reactions.

Sulfathiazole is to be regarded as the clinically-best established agent for the treatment of staphylococcus infections. It should probably not be used in the treatment of meningitis.

Sulfadiazine.—Sulfadiazine is the most recent of the sulfonamides to receive wide clinical trial. Least toxic of this group of compounds, its use is rarely associated with any untoward reaction, even if large amounts are administered over long periods of time. Some evidence indicates that it may be safely used in the treatment of individuals in whom other sulfonamides have caused severe toxemia. Renal complications also appear to be infrequent, although by no means unknown.

Because sulfadiazine is rapidly absorbed and slowly excreted, the oral administration of the usual dose of 6 grams per day is associated with the development of concentrations of the drug in the blood of from 9 to 15 milligrams per 100 cubic centimeters. It is also easily possible to carry out a satisfactory theraputic régime by parenteral administration of the chemical. Two or three grams of sodium sulfadiazine dissolved in sterile distilled water, as a 5 per cent solution, may be given intravenously at 12 hour intervals, which will maintain effective concentrations of the drug in the body. Free diffusion of sulfadiazine into the cerebro-spinal fluid occurs.

In vitro observations indicate that sulfathiazole is a more active bacteriostatic agent than sulfadiazine, if the concentrations of the two chemicals are equal. In clinical practice, however, the tissue concentration of sulfadiazine may be easily maintained at levels two to three times as great as may that of sulfathiazole, so that these agents should be, on theoretical grounds, of about equal value against most common pathogenic bacteria except the staphylococcus.

The clinical evaluation of sulfadiazine is not yet complete. It is definitely the drug of choice in the treatment of hemolytic streptococcus, pneumococcus, and gonococcus infections, and of meningitis of any etiology. Coliform bacillus in-

fections may also be very effectively controlled with sulfadiazine, and the low toxicity is of great importance, particularly in the management of ambulatory patients. The course of severe staphylococcus infections is also definitely and favorably altered by sulfadiazine, but sulfathiazole should be used in these conditions until further clinical information is accumulated.

GASTRO-INTESTINAL DRUGS

Two sulfonamides that are poorly absorbed from the gastro-intestinal tract have been developed and have received clinical trial. They have been advanced as agents for the treatment of infections of the bowel, and also for preoperative use before certain abdominal surgical procedures in an attempt to decrease the infectiveness of the fecal contents.

Sulfaguanadine.—As much as 20 grams of sulfaguanadine may be administered daily without the development of severe toxic reactions, and the concentration of the drug in the blood will be low, since it is relatively poorly absorbed from the bowel and is also excreted by the kidneys with great rapidity. This chemical is freely soluble in water and the amount of drug dissolved in the fecal contents will be large, but it is, unfortunately, not very actively bacteriostatic.

Good clinical response has followed the administration of sulfaguanadine in cases of acute bacillary dysentery, but equally satisfactory results have been obtained by the use of sulfathiazole. Dysentery, but not typhoid, bacilli may be readily eliminated from the stools of healthy carriers by means of sulfaguanadine therapy. This drug does not consistently reduce the number of organisms in the fecal contents and has, therefore, not been widely accepted for use in the preoperative preparation of patients in whom abdominal surgery is to be performed.

Succinyl-sulfathiazole (Sulfasuxidine).—Very recently a new sulfonamide has been extensively tried in the Johns Hopkins and Stanford Hospitals. Practically none of this compound is present in the blood, and less than 5 per cent of the total amount ingested may be recovered from the urine after the daily oral administration of 20 grams. *In vitro* tests show that this chemical has no bacteriostatic activity, but in the bowel it is hydrolyzed and free sulfathiazole is released in high concentration.

Most dramatic changes in the bacterial flora of the bowel follow the use of succinyl-sulfathiazole. Coliform bacteria practically disappear, gram positive cocci and bacilli being the only remaining organisms. If dysentery bacilli are present, they too are killed, but typhoid bacilli in the stools of carriers are unfortunately resistant to the action of this chemical.

It is not yet possible to evaluate the importance of the elimination of coliform bacilli from the fecal contents in surgery of the bowel. Presumably the danger of infection following soiling of the peritoneum with feces should be reduced. Clinical trial will determine the importance of this interesting chemical in surgical practice and also in infections of the bowel.

LOCAL USE OF THE SULFONAMIDES

The local application of sulfonamides to the eyes, the nasal sinuses, open wounds, compound fractures, burns, and the peritoneum has been the subject of many interesting clinical and experimental studies during the last year. It is not possible to discuss the details of such treatment here, but some general considerations should be emphasized.

The local application of a powdered sulfonamide directly to the site of an actual or potential infection as a theraputic or prophylactic agent is based on the supposition that a very high concentration of the chemical will thus be obtained at the danger point, and that the reactions associated with systemic administration will be avoided. While this theory undoubtedly has considerable merit, certain facts should be borne in mind. First, sulfonamides are very rapidly absorbed after local implantation, and high levels in the blood and tissues are often obtained, so that instances of severe toxic reaction following this procedure are well known. The rate of absorption depends on the quantity and kind of sulfonamide used and the surface to which it is applied. The highest systemic concentrations are obtained if application of the chemical is made to the peritoneum, or if sulfanilamide is the chemotheraputic agent.

Second, the sulfonamides cause definite local inflammation and have been clearly shown to hinder the course of wound healing. The sodium salts of these drugs should never be applied to tissues, since their solutions are very alkaline and highly irritating.

Third, the least toxic and most effective chemical should be used locally. Sulfathiazole, therefore, appears to be the drug of choice for this type of therapy. Sulfanilamide, which has been widely used, has no advantages over the more active compounds.

Sulfonamides are now routinely packed around the bone ends of compound fractures and in large traumatic wounds. Adequate debridement is still, however, the primary treatment and must never be neglected. There seems to be little reason for applying sulfonamides locally to clean wounds and surgical incisions. Since they interfere with normal wound healing, they should certainly not be used if a fine flexible scar is of cosmetic or functional importance, unless there is very good reason to believe that the lesion has been seriously contaminated.

The most satisfactory mode of administration of sulfonamides in instances of infection of the peritoneal cavity, such as might be expected to follow the rupture of an abdominal viscus or a gangrenous appendix, is not yet established. Some surgeons prefer to apply these drugs locally at operation, whereas others prefer to give the chemicals systematically, often parenterally. Both groups appear to have very definitely re-

duced the mortality following such intraabdominal diseasters. At the present time the most logical treatment of established or impending peritonitis would seem to be the administration of full doses of sulfadiazine or sulfathiazole by the parenteral route as soon as the diagnosis is made. This procedure will certainly reduce the incidence of pneumonia and certain other infectious complications which are often associated with infections of the abdominal cavity and will render the peritoneal tissues very resistant to the invasion of micro-organisms. Whether further sulfonamides should be applied locally to the peritoneum if operation is performed cannot now, and probably never will be definitely determined. Considerable evidence has been presented from the study of experimental peritonitis which indicates that the local application of a sulfonamide to the peritoneum does not protect animals against coliform bacillus peritonitis, but that its enteral administration is a very satisfactory prophylactic measure. On the basis of these studies and those which demonstrate the irritative nature of these drugs toward animal tissues, it is logical to recommend that the intraperitoneal implantation of sulfonamides be either avoided or restricted to cases in which severe, diffuse peritonitis is already well established.

Inadequate evidence is available for the evaluation of the theraputic importance of locally-applied sulfonamides in infections of the skin, paranasal sinuses, and other superficial areas of the body.

SUMMARY

The important advances toward an understanding of the mode of action of the sulfonamides have been briefly discussed. All of the established agents available for the systemic treatment of various infections have been evaluated in relation to their theraputic effectiveness and toxicity. Two drugs, especially adapted to the treatment of infections of the bowel, have been described. Certain aspects of the local use of the sulfonamides have been presented.

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INTESTINO-VESICAL FISTULA*

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THE frequency of communications between the urinary bladder and intestinal tracts should keep the physician, and especially the urologist, on the constant watch for this condition. Inasmuch as the presenting symptoms are those of a severe intractible cystitis, the urologist is called upon to explain and diagnose the pathology which causes these symptoms. Very frequently the diagnosis is not made on the first examination, and sometimes the patient may continue with his bladder symptoms for many months before the underlying pathology is discovered.

The term "intestino-vesical fistula" is used instead of "vesico-intestinal," because the pathology which causes the fistula is nearly always in the intestinal tract, and extends from there into the bladder. It is also preferable to "entero-vesical," because the latter term has a mixed Greek and Latin derivation, and the prefix "entero" is usually used to designate the small, rather than the large bowel, while the prefix "intestino" is used for either.

The first case found in the literature dates from the second century A.D., and is quoted by Rufus, of Ephesus, from Proxagoras, who described a patient whose urine was passed per rectum. In 1888 Harrison Cripps published a monograph on the passage of air and feces from the urethra. This was a complete work, and more descriptive of the condition than any work which has appeared since that time. Paschall, in 1900, made a very extensive survey of the world's literature and collected 292 cases, most of them isolated. Kellogg ('38) discussed the condition in detail, and summarized 592 cases reported until that time. In this series the etiology was: diverticulitis 42 per cent, carcinoma 18 per cent, operative trauma 11.3 per cent, appendicitis with fistula 5.6 per cent, congenital 3.4 per cent, and external trauma 2.2 per cent. In two cases, radium or x-ray was the cause. Higgins ('39) reported 40 more cases. Peters ('39) reviewed the previously-reported cases and reported 21 more, and several other isolated reports have been in the literature since that time. This brings the total to nearly 700 cases reported to date. It is probable that many cases which have been diagnosed have not been reported, and that there are many others which have never been diagnosed. There have been many types of treatment recommended, which vary from palliation only, in patients who are poor surgical risks, to one-stage excision of the fistula. The lowest mortality, however, has been reported in patients for whom a preliminary colostomy had been done, with second-stage resection of the fistula, and later closing of the colostomy in the inflammatory cases; and in the cases due to malignancy leaving the colostomy permanently.

Our series of 14 cases is summarized in Tables 1 to 6. Three representative case reports are given:

REPORTS OF CASES

CASE 1.—M. C., white male, age 49, first seen October, 1935, referred by Frank Otto, M. D.

COMPLAINT.—Pain in the suprapubic region, frequency and burning on urination and passage of gas and oil from

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the bladder. Constipation for six months had been treated with bland diet, oil by mouth, and oil retention enemas. General malaise and loss of thirty pounds of weight during the past year. Otherwise history essentially negative.

EXAMINATIONS.—Temperature 101°. The prostate was normal by rectal palpation, but just above the prostate could be felt an irregular mass bulging into the rectal lumen, which was barely palpable with the tip of the examining finger. Cystoscopy showed a marked elevation of the trigone and entire base of the bladder, and bullous edema with some ulceration in an area about 2 cm. in diameter in the fundus. No fistulous opening could be identified. Otherwise, the bladder was essentially normal. K.U.B. was negative. Cystogram showed some thinning of the cystographic fluid in the central portion of the bladder, otherwise negative. No evidence of leakage of cystographic fluid from the bladder. Roentgenological study of the lower bowel revealed a filling defect in the sigmoid (Fig. 1). Proctoscopic examination revealed a neoplasm of the rectum, at the 9-inch level. A diagnosis of carcinoma of the rectum, with intestino-vesical fistula, was made. Inasmuch as there was no indication of kidney pathology, upper urinary tract study was not done.

Operation, November 5, 1935.—One-stage abdomino-perineal resection of the rectum. The involved portion of the posterior wall of the bladder was removed, and inasmuch as this included the right ureteral orifice, the right ureter was transplanted into the fundus of the bladder. Colobacterin was put into the peritoneal cavity, and after closure of the abdomen, a catheter was strapped into the urethra for continuous bladder drainage.

Convalescence was somewhat stormy, and a urinary fistula persisted through the perineal wound for a year and a half, regardless of an attempt at suprapubic closure through the bladder, in October, 1936, after which a suprapubic catheter was left in place for six months.

The patient's condition at the present time, five and a half years following surgery, is good. He has no evidence of recurrence of the carcinoma, nor of metastases; and his bladder function is normal.

CASE 2.—E. H., white female, age 18, first seen October 3, 1939, referred by Clifford L. Burwell, M. D.

COMPLAINT.—Frequency and burning on urination, pain in the bladder, attacks of fever, and passage of gas from the bladder. Symptoms had persisted regardless of numerous bladder irrigations, and of medication by mouth for one and a half years.

EXAMINATION.—Cystoscopy revealed a diffuse acute inflammation throughout the bladder mucosa, and some edema in the fundus. Several small superficial areas of ulceration were scattered over the bladder mucosa. Kidney study was essentially negative throughout. At that time a diagnosis of interstitial cystitis was made, and bladder over-distention advised. This treatment failed to relieve the symptoms, and in February, 1940, the patient was cystoscoped again, and there was an increased amount of edema in the fundus of the bladder, but no definite fistulous orifice could be identified. Cystograms showed a slight amount of leakage of cystographic fluid, apparently into the cecum. The contrast cystogram showed some retention of the cystographic fluid apparently in the sigmoid, as well as in the cecum. (Fig. 2.) A diagnosis of intestino-vesical fistula was made; and further study, including proctoscopic examination, revealed methylene blue which was injected into the bladder, to appear in the rectum at the 4-inch level. There was some granulation and polypoid formation of the rectal mucosa in this region.

TABLE 1.—*Age and Sex*

Age	No. Cases
10 - 19	2
30 - 39	1
40 - 49	1
50 - 59	6
60 - 69	2
70 - 79	2
Sex	
Male	9
Female	5

TABLE 2.—*Etiology*

Diverticulitis of bowel	4
Carcinoma of recto-sigmoid	3
Terminal ileitis	1
Appendiceal abscess	1
Trauma	1
Carcinoma of bladder	1
Undetermined	3

TABLE 3.—*Symptoms*

Pneumaturia	12
Frequency and burning	14
Fever	9
Suprapubic pain	5
Pain in rectum	3

TABLE 4.—*Diagnosis*

Examination	Findings	No. Cases
CYSTOSCOPY		13
	Characteristic localized edema and acute inflammation	13
	Identification of fistulous opening	2
	Cystoscopy not done	1
CYSTOGRAM		11
	Fistula demonstrated	3
	Fistula not demonstrated	8
BARIUM ENEMA OR MEAL		6
	Fistula demonstrated	0
DYE INTO BLADDER		2
	Fistula demonstrated	1
	Fistula not demonstrated	1
DYE INTO RECTUM		2
	Fistula demonstrated	1
	Fistula not demonstrated	1

TABLE 5.—*Treatment and Results*

	No. Cases	Results
TOTAL NUMBER OF CASES	14	
I. Treated		
(a) Curative surgical	7	
(b) Palliative surgical	2	
II. Untreated	5	
I. TREATED		
(a) RESECTION OF FISTULA	7	
Preliminary colostomy	2	1 improved, 1 well.
Without preliminary colostomy	5	1 improved, 3 well, 1 dead—6 days (oper. elsewhere).
(One case had a one-stage abdomino-perineal resection of rectum, partial cystectomy, and transplantation of ureter. Well 5½ years).		
(b) PALLIATIVE SURGERY	2	
Bilateral uretero-dermal anastamosis	1	Died 6 months
Increased extra abdominal drainage appendiceal abscess	1	Spontaneous closure
II. UNTREATED	5	Unable to trace
Refused	3	
Poor risk	2	

TABLE 6.—*Peritoneal Treatment*

Vaccination of peritoneal cavity	2
Sulfanilamide powder	3
Chaffin drainage tube with suction	3
Peritoneum not opened (traumatic)	1
No peritoneal treatment (died) (done elsewhere)	1

OPERATION, March 8, 1940.—Repair of intestino-vesical fistula. A central fistulous abscess cavity was found above the body of the uterus, adherent to which were two loops of the colon, and there was marked induration, characteristic of ileitis, in the terminal ileum, cecum, sigmoid, and bladder. After freeing the intestine from the posterior bladder wall, two small openings in the ileum, one into the sigmoid, and one into the bladder, were found. These were closed with 000 chromic for the bladder, and 0 chromic intestinal sutures for the gut. Strepcoli vaccine was put into the peritoneal cavity, and a Chaffin drainage tube was inserted into the pelvis, which was kept clamped off for six hours in order to institute bacterial immunization. During the ensuing five days positive suction was applied to the tube, and during the first 24 hours, 1500 c.c. of sero-sanguinous fluid was removed from the peritoneal cavity. Then 1 per cent Dakin's solution was administered through the induction side of the tube, and continued for four days. A catheter was passed through the urethra and left in place to keep the bladder empty.

The patient made an uneventful recovery, and is now well, except for some constipation, and an indefinite, somewhat tender mass in the right lower abdomen.

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CASE 3.—E. D., white male, age 41, first seen February, 1940, referred by Cecil C. Hunnicutt, M. D.

COMPLAINT.—General malaise, fever, abdominal pain, and passage of gas from the bladder. Four months previously he began to have general malaise and fever. These symptoms gradually became worse, until his temperature reached 103° almost every day, and the abdominal pain was severe. Gas passed from the bladder several times during the previous three or four weeks. Otherwise history essentially negative.

EXAMINATION.—Cystoscopy revealed an area about 1 cm. in diameter in the fundus of the bladder, 4 cm. above the trigone, which was acutely inflammed and edematous. There was no fistulous opening identified. Upper urinary tract study was not done because there was no evidence of kidney pathology. Cystogram showed a slight amount of distortion of the fundus of the bladder, but there was no evidence of escape of cystographic fluid into the bowel, or elsewhere. Proctoscopic examination was essentially negative. Barium meal showed multiple diverticula of the colon (Fig. 3.)

OPERATIONS.—A preliminary colostomy was done in April, 1940, and in August the intestino-vesical fistula was resected. The sigmoid was found to be adhered to the fundus of the bladder, and when these were separated, the fistulous tract into the bladder was closed with 000 chromic, and that into the gut with 0 chromic in three layers. 100 c.c. of 0.8 per cent sulfanilamide solution in saline was poured into the peritoneal cavity, and into the wound as it was closed. A Chaffin drainage tube was inserted, and a catheter strapped in the urethral canal.

The patient made an uneventful recovery, and the colostomy was closed two months after the repair of the fistula. The patient is apparently well, six months following the operation.

SYMPTOMS

Patients with intestino-vesical fistula always have the symptoms of cystitis: frequency, burning on urination, urgency, with usually a small bladder capacity. The most characteristic symptom of this condition, however, is pneumaturia. This is almost diagnostic; it was present in all but one of our cases. The patient does not usually mention this symptom when he is giving his history, for it is not painful nor even inconvenient. For this reason, whenever a history on a case of unexplained cystitis is taken, the patient should always be asked whether or not he has passed gas from the bladder. Symptoms in those cases which have a large patent fistula, are the passage of feces from the bladder, and of liquid stools from the bowel. When the fistula is caused by diverticulitis, the patient has a low-grade fever, and frequently gives a history of having had pain in the lower abdomen, which subsided about the time he began to notice the passage of gas from the bladder.

Fig. 1.—Roentgenogram of lower bowel. Filling defect in sigmoid suggestive of malignancy. No evidence of leakage of barium into the bladder through intestino-vesical fistula.

DIAGNOSIS

The most dependable means of diagnosis is cystoscopic examination. There is a characteristic appearance of the bladder wall, which is almost diagnostic of this condition. It is rare that the fistulous opening itself can be seen cystoscopically,

for around and over the fistula there is always an area of acute inflammation and edema, which covers the opening itself and prevents its definite identification. The remainder of the bladder

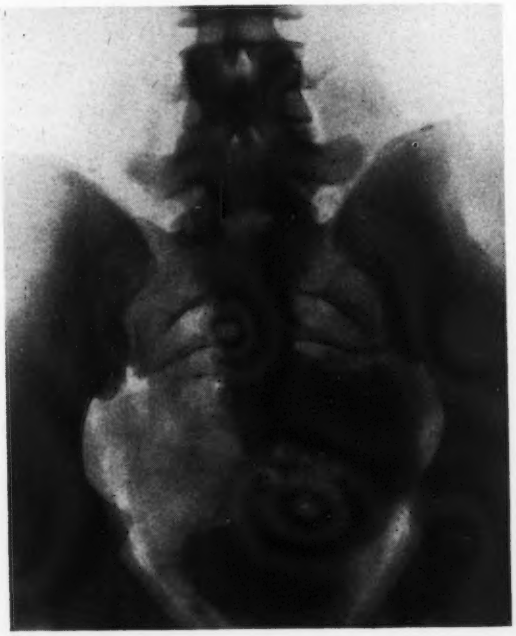

Fig. 2.—Cystogram showing leakage of cystographic fluid into large bowel through intestino-vesical fistula. Such roentgenological demonstration of fistula is not often seen.

mucosa is only slightly inflammed in comparison, and there is seldom any edema elsewhere. The area of acute inflammation and edema is nearly always in the fundus, and differs from inflammation due to other causes in that most others are more marked about the bladder neck and on the trigone. Sometimes this area is in the so-called "blind-spot" of the right-angle vision telescope, and for this reason it is necessary to manipulate the cystoscope so that this "blind-spot" will come into view with the right-angle lens. Sometimes pus or feces can be seen to ooze from the center of this area of edema, and when this region is viewed very closely, a small fistulous opening may sometimes be seen.

A cystogram is also an aid in making a diagnosis, but cannot be entirely depended upon, for frequently the fistula is so small, or valve-like in structure, that cystographic fluid will not pass from the bladder through the fistula and into the intestine. If the bladder is overdistended with the cystographic fluid, so that a bladder spasm occurs, the passing of opaque medium into the intestine may be demonstrable by x-ray. In only three of our cases was the fistula demonstrated by cystogram, although one was taken in all but two of them.

Another diagnostic procedure is to fill the bladder with methylene blue, and to watch through a proctoscope for it to come out into the bowel. Over-distention of the bladder, with the production of bladder spasm, will aid in forcing the solution through the fistula. However, the same is true with this as with the cystogram, namely, that the fistulous tract is frequently not large enough to allow passage of the methylene blue through it. Sometimes methylene blue may be injected into the rectum, and may appear in the urine through the fistula, and be visualized through the cystoscope, or in a voided specimen. It is seldom, however, that this will occur, because of lack of sufficient pressure in the bowel to force the methylene blue into the bladder; or the methylene blue may be absorbed from the rectal mucosa and excreted by the kidneys, thus giving a false diagnosis.

The diagnosis of the primary or secondary coloproctologic disease in intestino-vesical fistula is essentially a prerequisite to rational and adequate treatment consideration. In cases of localized malignancy, proctoscopic observation of the terminal ten-to-fourteen inches of the bowel tract is characteristic and definitely confirmed by biopsy.

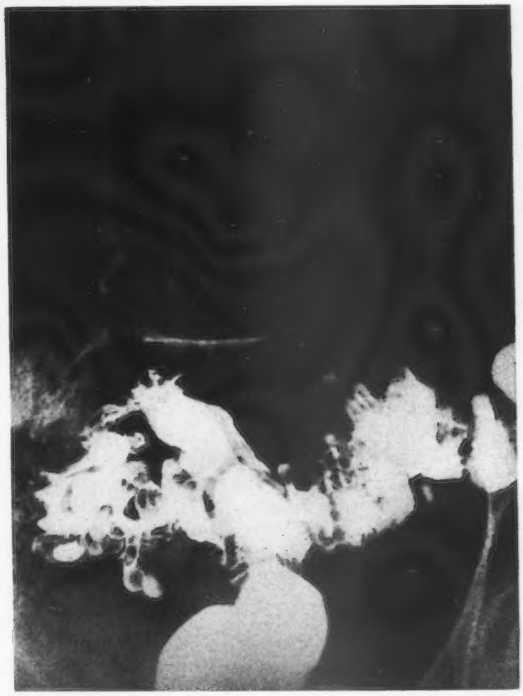

Fig. 3.—Roentgenological demonstration of multiple diverticulosis of large bowel. Suppurative diverticulitis is the most common cause of intestino-vesical fistula.

Incomplete visualization, limited by the lack of tolerance to instrumentation on the part of the patient, (which in many cases is due to a short sigmoid, adhesions, or pelvic abnormalities,) defi-

nitely calls for repeat study under adequate anesthesia. The intravenous administration of pentothal, spinal, or transacral anesthesia are to be considered valuable diagnostic aids. The mucosal opening of a fistulous process is not readily observed without the retrograde administration of a dye through the bladder, already mentioned under urologic discussion elsewhere in this article. If this latter mentioned procedure, and a proctoscopic study, have proven inadequate, a roentgenological bowel study is the next step. Barium enema preceeded by a scout film, double contrast air views, and a 24-hour flat plate, is, as a rule, adequate. Congenital malformations are not readily confirmed short of laparotomy.

TREATMENT

The treatment of intestino-vesical fistulae often presents a very difficult problem. Occasionally the fistula will close spontaneously, especially if it is due to a recently-formed abscess which has ruptured through into the bladder. In these cases, free drainage of such an abscess through the abdominal wall will aid in removing all pressure from the region of the fistula, and help in spontaneous closure. When operative treatment is contemplated, it is essential in most cases to do a preliminary colostomy, in order to put the bowel in the region of the intestino-vesical fistula at rest, and in this way prevent recurrence after repair. From three to six weeks following the colostomy, the abdomen is again opened, and the bowel separated from the posterior bladder wall by careful dissection, and the bladder wall is closed from the peritoneal surface with 000 chromic in two layers, after curetting the sinus tract. The opening in the intestine is also closed with fine chromic catgut, using two or more layers of a purse-string suture, and omentum is placed between the bladder and the bowel, at the site of the fistula.

Of the 14 patients in this series, seven were operated upon for the eradication and closure of the fistula. Six of these were successful, and one, who was operated elsewhere, a man 75 years of age, died on the sixth postoperative day. In two cases there was a recurrence of the fistula, and secondary spontaneous closure. Besides these, a bilateral ureterocutaneous anastamosis was made as a palliative measure in one case; and in another, operation to increase external drainage from an appendiceal abscess was done. In five cases there was no surgery, either because the patient refused it, or because he was inoperable.

Peritoneal soiling, and peritonitis, in dealing with any type of lesion involving the large bowel where surgery is indicated, has been a problem of wide consideration. So-called aseptic, and multiple-stage operative procedures have cut down very perceptibly the hazardous toll of peritonitis and paralytic ileus. Preliminary bowel drainage, whether accomplished by the simple lop colostomy, the Rankin obstructive resection, Devine-stage procedure, or the Charles Phillips cecostomy, allows for removal of the localized fistulous process, and closure of the primary entero-colonic and secondary vesical openings under more aseptic circumstances, and certainly enhances the possibilities of a first-intention healing process. Preoperative peritoneal vaccination has been heralded as a valuable aid to building up peritoneal antibody formation. The topical application of a vaccine preparation at the time of surgery has been used. There are available for use the standard Strep-Coli Vaccine, or a preparation called Colobactrogen. In event that any of the standardized immune-body-building vaccines are used, positive surgical drainage is deferred for at least six hours. Drainage is best obtained by the Chaffin-Pratt suction, connected to the Chaffin drainage tube, properly placed at time of closure of the operative wounds. This valuable aid, in avoiding the usual spillage or overflow methods commonly used, allows for the medicinal administration by drip of an oxidizing or bactericidal agent. The peritoneal administration of our much-heralded bactericidal agent, sulfanilamide powder, is recommended in dosage up to 8 grams preliminary to closure of the abdominal incision.

After the abdomen is closed in the regular way, a retention catheter is inserted into the bladder through the urethra, and is carefully observed to make sure it drains well at all times. The bladder is not irrigated unless the catheter does not drain, and when this is necessary, not more than one ounce of solution is instilled at one time. It has been found that the sutures in the bladder will hold better if the bladder is kept at rest, and not irrigated. The third stage of the operation is the closure of the colostomy, which is done from eight to twelve weeks following the repair of the fistula.

SUMMARY

A series of 14 cases of intestino-vesical fistula is reported. The most common cause of this condition is diverticulitis of the large bowel, and the fistula and its underlying pathology are frequently not found; the patient being treated for "cystitis." Passing of gas from the bladder is almost diagnostic; and the cystoscopic appearance of an area of edema and inflammation in the fundus of the bladder is the most characteristic finding. Cystograms, x-ray examination of the bowel, and instillations of a dye may prove to be unsatisfactory as an aid in diagnosis. Proctoscopic examination is preferable to roentgenological study to diagnose lesions in the terminal ten inches of the bowel tract. Surgical treatment is sometimes difficult, and preliminary colostomy is usually, but not always, preferable. Treatment is given to prevent postoperative peritonitis.

1216 Wilshire Boulevard.

Wisdom Teeth and Wisdom.—"There is no known relationship between intelligence and the presence or absence of wisdom teeth," *Hygeia, The Health Magazine* declares in a recent issue. "Apparently the notion that such a relationship exists is based on the fact that the wisdom teeth generally come into place in the jaw at the age when mental powers are fairly well developed."

CLINICAL NOTES AND CASE REPORTS

ANURIA DUE TO SULFADIAZINE CRYSTALS

WITH REPORT OF CASE

AUGUST L. MOLLATH, M. D.
ELMER BELT, M. D.
AND
CARL E. EBERT, M. D.
Los Angeles

IN the sulfonamide group of drugs we have an important addendum to the care, treatment and prevention of infections of the human body. Although these drugs have been in use only a short time, there are numerous reports of toxic effects and complications through the use of them.

Sulfadiazine, the pyrimidine analogue of sulfapyridine and sulfathiazole, is one of the newer additions to this group. The use of sulfadiazine in the treatment of pneumococcal infections has been reported by clinicians in a large number of cases. The advantages of sulfadiazine were claimed by Long[1] to be the high-blood levels that can be reached and the readiness with which acetyl-sulfadiazine is excreted by the kidneys. While its toxic effects are claimed to be slight, when damage to the urinary tract occurs it can be dangerous to life. It is recommended that patients receiving this drug be left on a urine output of at least a liter a day.[2]

REPORT OF CASE

CASE 1.—We present here a case of anuria caused by complete blockage of the ureters with sulfadiazine crystals. A male patient, age 46, was admitted to the hospital November 3, with a history of having been awakened at 4:00 A. M. with fever, pain in the abdomen and nausea. He was acutely ill. He also noted soreness in the glands of his neck on the right side, and persistent pain in his epigastrium. He stated that this pain felt "as if a fire were burning inside." On admission to the hospital, shortly after the onset of his illness, he noted soreness in the right lower quadrant. In his past history he stated that he had always been well and active until five years previously, at which time he had hematemesis and indigestion. He was told, at that time, that he had an ulcer. Recently he had had no indigestion. In July of 1941 he had had a sudden pain in the right chest, and a diagnosis of spontaneous pneumothorax was made. X-rays have since shown the chest to be negative. On November 3, as he entered the hospital, he stated that he was having no cough, no sputum, no dyspnea or edema. He had no genito-urinary symptoms, but he did get up occasionally at night to pass his urine.

Physical examination revealed an adult male, well-developed and well-nourished, who was sitting up in bed, grunting with his respirations, unable to breathe deeply. He revealed a slight degree of pallor. His heart and lungs were normal. The abdomen was rigid throughout, with maximum tenderness in the epigastrium and along the right side of the abdomen. There was marked rebound tenderness throughout the entire abdomen.

The patient was taken to surgery and an exploratory laparotomy showed a large perforated ulcer in the anterior wall of the stomach. This was closed over with a running stitch and omental fat was applied to the area of perforation. Four grams of sulfanilamide powder were sprinkled into the abdominal cavity. Postoperatively, the patient responded well, and his condition generally was satisfactory. He required only the usual routine nursing care. On the third day postoperatively the patient's temperature was down in the morning and rose at night to 102 degrees. The pulse rate rose to 120. Physical examination and x-rays of the chest revealed pneumonia. He was given sulfathiazole. Because the condition of his chest had not improved, the medication was changed to sulfadiazine. In four days he received a total of 11 grams of sulfadiazine. On the twenty-first postoperative day his blood sulfadiazine level was 9.6 mg. per cent. On the twenty-second postoperative day (after he had been on sulfadiazine four days), the patient was unable to pass urine and was catheterized; no urine was found in his bladder.

Because of this anuria a cystoscopic study of the patient was decided upon. The study was carried out under cocaine local anesthesia. Two c.c. of four per cent cocaine were instilled into the bladder and urethra. A number twenty-six French cystoscope was introduced into the bladder. The bladder was seen to have a red, roughened mucosa. Crystals could be seen floating in the water medium which entered the bladder through the cystoscope. Both ureteral orifices were clearly visible. Protruding from each orifice packed crystals of sulfadiazine could be seen completely blocking both ureterovesical junctures. It was not difficult to pass the ureterovesical orifices with number seven olive-tipped ureteral catheters. The right side was first catheterized. This catheter was passed to the kidney pelvis. Almost immediately urine started flowing through the catheter. The urine was dark amber in color, cloudy and slightly bloody. When a number seven olive-tipped catheter was passed to the left kidney pelvis, flow did not occur through it until the pelvis was lavaged with normal salt solution. After lavage, this catheter also brought out amber-colored, slightly bloody urine. These catheters were left in place. The patient was returned to bed and given fluids intravenously. He passed 670 cc. of urine in twelve hours, from 6:00 P. M. of that day to 6:00 A. M. of the following morning.

COMMENT

We are presenting this case as evidence of the fact that sulfadiazine crystals can be formed in urine in patients who have been given this material by mouth, and that their formation may result in mechanical blocking of the urinary tract. This is already a familiar phenomenon with the administration of sulfapyridine. Reports of sulfadiazine crystals blocking the urinary tract have not yet become frequent observations. We wish to call attention to the fact that prompt mechanical interference with such a block to the flow of urine results in a prompt return to the normal, and is doubtlessly a life-saving procedure.

1893 Wilshire Boulevard.

REFERENCES

1. Long, P. H., Preliminary Report on Sulfadiazine J. Amer. Med. Asso., 116:2399 (May 24), 1941.
2. Rep. Counc. Pharm. Chem. A. M. A., J. Amer. Med Asso., 118:730 (Feb. 28), 1942.

The health of the people is really the foundation upon which all their happiness and all their powers as a State depend. Benjamin Disraeli, *Speech*, at Battersea Park, 22 June, 1877.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

WILLIAM R. MOLONY, SR., M.D.....President
KARL L. SCHAUPP, M.D.....President-Elect
LOWELL S. GOIN, M.D.....Speaker
PHILIP K. GILMAN, M.D.....Council Chairman
GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL BUSINESS

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION: MINUTES

Minutes of the Three Hundredth (300th) Meeting of the Council of the California Medical Association

Meeting was called to order in Room A of the Convention Pavilion of the Hotel Del Monte, at Del Monte, on Sunday, May 3rd, 1942, at 7:30 p.m., Chairman Philip K. Gilman presiding.

1. **Roll Call:**

Present: Chairman Philip K. Gilman, and Councilors Henry S. Rogers, William R. Molony, Lowell S. Goin, Harry H. Wilson, E. Earl Moody, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Louis A. Packard, R. Stanley Kneeshaw, Frank R. Makinson, Frank A. MacDonald, Calvert L. Emmons, John W. Cline, John W. Green, Edwin L. Bruck, Donald Cass, and George H. Kress, Secretary-Treasurer.

Absent: Councilor Axcel E. Anderson (Because of illness, unable to attend 71st Annual Session).

Present by Invitation: E. Vincent Askey, Vice-Speaker; Dwight H. Murray, Chairman of Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Hartley F. Peart and Howard Hassard, Legal Counsel, and Ben Read, Secretary of Public Health League.

2. **Minutes:**

Minutes of the 299th meeting, held at San Francisco on Sunday, March 29, 1942, were approved. An abstract of the minutes was printed in CALIFORNIA AND WESTERN MEDICINE, April, 1942, on page 258.

3. **Membership:**

Upon motion duly made and seconded, the membership of a number of last year's members, whose 1942 dues were received for the present calendar year subsequent to April 1, 1942, was reëstablished.

As per recommendations from the respective component county societies the following physicians were elected to Retired Membership:

Maynard C. Harding, San Diego County.
E. Jay Clemons, Los Angeles County.
Arthur Albion Libby, Los Angeles County.
William O. Sheller, Los Angeles County.
Leon H. Watkins, Los Angeles County.

4. **Financial:**

Financial reports were submitted as follows:

(a) Reports of membership and finances, as of May 1, 1942, and of revenues and expenditures for April, 1942, and for the four months ending on April 30, 1942, were submitted. Upon motion duly made and seconded, these reports were accepted and placed on file.

(b) The budget, as drafted in the first instance by the

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

Auditing Committee and approved by the Executive Committee, was considered by the Council. In view of existing conditions through which a large number of members of the Association would be in military service, —the dues of these members being paid through allocation from the general funds of the Association,—it was voted that the membership figure of estimated income from dues be placed in the budget for the year 1943 as $80,000.

Upon motion by Goin, seconded by Moody, the Council voted to submit the budget as so amended to the House of Delegates, with the recommendation that the same be adopted.

(c) Discussion was had of the annual assessment for the calendar year 1943. After discussion of existing and prospective war conditions, it was voted that the Council recommend to the House of Delegates that the annual assessment for the year 1943 be placed at $20.00 per member.

In the discussion, it was brought out that the payment of dues of men in military service, through allocation from the general funds, would necessarily be continued; and that indications pointed to increased expenditures for vital legislation and other work, in order that the standards of scientific medicine would be properly maintained. . . .

5. **Constitutional Amendment:**

A proposed constitutional amendment, which had been printed in the OFFICIAL JOURNAL on two separate occasions, but which did not appear in the April, 1942, issue, whereby the Council of the California Medical Association would be given permissive authority to make contracts with hotel managements concerning annual sessions, was brought up, and it was agreed that the same should be referred to the proper Reference Committee of the House of Delegates on Monday evening, May 4th.

6. **Entertainment:**

Dr. Dwight Murray, speaking for Dr. Junius B. Harris, Chairman of the special sub-committee on entertainment for the President's dinner outlined the prospective program, stating that it was hoped to be able to carry the same through at a saving of more than $100.00 on the amount allocated. Upon motion duly made and seconded, it was voted that the report be received and the program outlined by the committee be approved.

7. **Basic Science Initiative:**

Complications, which had arisen concerning the Basic Science Initiative were outlined by Mr. Read, Secretary of the Public Health League. Mr. Read stated that the Chiropractic groups were securing signatures for a "Basic Subjects" initiative, as per the letters which appeared with editorial comment in the April, 1942, issue of C. & W. M. (Pages 225-231).

After discussion, upon motion by Cline, seconded by Wilson, it was voted that subsequent procedures be left for consideration and action by the Executive Committee.

Upon motion duly made and seconded, it was voted that, when the funds of the Committee on Public Health Education are no longer available to carry on certain activities in public policy, authority be given to allocate $500.00 per month from the general funds for the said work.

Upon motion by Kneeshaw, seconded by Makinson, it was voted that an additional sum of $10,000 be earmarked in the general fund, for use in carrying on an educational campaign of the electorate; so that the value of adequate preliminary education for all practitioners of the healing art, as provided in the Basic Science Initiative, would be impressed upon the citizens of the State.

Upon motion by Cline, seconded by Wilson, it was voted that the action of the Executive Committee, in previously allocating the sum of $3,000 to meet emergency needs relative to the Basic Science Initiative, be approved by the Council.

8. **Alameda County Medical Association in Re: California Physicians' Service:**

The Chairman called attention to special meetings of the Council held on March 1, 1942, and March 29, 1942, at which a letter dated February 16, 1942, addressed to the C. M. A. Council by the Council of the Alameda County Medical Association, and to surveys and reports in connection therewith, both by special committees of the C. M. A. Council and California Physicians' Service, had been given careful consideration.

General discussion followed, in which additional information was given to subsequent happenings. Report was made that the Council of the Alameda County Medical Association had informed the Council of the California Medical Association that the recommendations made by the Council of the State Association were deemed to be inadequate. Consideration was then given on what steps in procedure were now desirable.

Discussion followed, in which many Councilors took part. It was stated that, while the action of the Council of the Alameda County Medical Association had been taken by that body, the matter of resignations from C. P. S. had never been fully discussed in an open meeting of members of Alameda County Medical Association.

Upon motion by Dewey, seconded by Powell, it was voted that Dr. Frank Makinson, Councilor of the 7th District, be requested to transmit to the members of the Alameda County Medical Association the following question:

"Will the members of the Council of the Alameda County Medical Association on behalf of its membership and for the benefit of medicine and the good of the profession in California, subjugate their personal opinions to the opinion of a majority of their fellows of the California Medical Association, and rescind the resolution above mentioned?"

Dr. Makinson stated he would arrange to have a meeting called for Tuesday noon, of all members of the Alameda County Medical Association who are in attendance at the annual session of the California Medical Association, in order to take up the matters under discussion. Also that he would present a report to the C. M. A. Council on the action taken at the said meeting.

Upon motion by Cline, seconded by Dewey, it was voted that an informal poll be taken of the Council, to permit Dr. Makinson to have an expression of opinion of the general reaction of the C. M. A. Councilors on the questions at issue. The question being put concerning certain future procedures that were outlined, the test vote showed that eighteen Councilors were agreed that certain actions would be necessary, if indicated measures of conciliation and adjustment could not be carried through. Two Councilors voted in the negative.

9. **Adjournment:**

Upon motion duly made and seconded, it was voted that the next meeting (the 301st) should be held at 4:30 p.m., on Tuesday, May 4th. Adjournment followed.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

Minutes of the Three Hundred First (301st) Meeting of the Council of the California Medical Association.

The meeting was called to order on Monday, May 4, 1942, at 4:30 p.m., in Room A of the Convention Pavilion at Hotel Del Monte, Council Chairman Philip K. Gilman, presiding.

1. Roll Call:

Present: Chairman Philip K. Gilman, Councilors Henry S. Rogers, William R. Molony, Sr., Lowell S. Goin, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Donald Cass, Louis A. Packard, R. Stanley Kneeshaw, John W. Cline, Frank R. Makinson, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary-Treasurer.

Absent: Councilor Axcel E. Anderson (ill), and Past-President Harry H. Wilson.

Present by Invitation: E. Vincent Askey, Vice-Speaker of the House of Delegates; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Hartley F. Peart and Howard Hassard, Legal Counsel.

2. Place of Meeting for Year 1943 — 72nd Annual Session:

On motion by Rogers, seconded by Powell, it was voted that Del Monte be selected as the place for holding the annual session for the year 1943, the date of said session to be determined at a later meeting of the Council.

3. Medical Defense Coverage:

A communication was received from the C. M. A. Standing Committee on Medical Defense relative to malpractice coverage offered by commercial insurance companies. One company in particular was discussed, with special reference to certain complications which had arisen in Los Angeles County, due to premature publicity and other factors.

Councilor Powell, Chairman of the Special Committee on Medical Services Rendered by Hospital Associations, presented a progress report, and it was agreed that the same should be referred to the House Delegates. Upon motion by Rogers, seconded by Powell, the report was accepted and the Committee was continued, with instructions to make further study and subsequent reports to the Council.

4. Consideration of the Alameda-California Physicians' Service Problem:

The Council Chairman requested Dr. Frank R. Makinson, Councilor from the Seventh District (Alameda and Contra Costa Counties) to give a report concerning the informal conference held by members of the Alameda County Medical Association, who were in attendance at the Annual Session at Del Monte, said meeting having taken place at the noon hour on Monday, May 4th.

Full discussion was had of various phases of the issues involved.

Motion was made by Wilson, seconded by McClendon, that final consideration of the action that had been taken by the Council of the Alameda County Medical Association concerning resignation advices to members of the Alameda County Medical Association, (in relation to services as professional members of California Physicians' Service), be deferred by the Council of the California Medical Association for a period of 30 days, it being stipulated that within that time, it would be necessary for the Council of the Alameda County Medical Association to submit to the Council of the California Medical Association a definite statement in writing informing the C. M. A. Council that the action taken by the Council of the Alameda County Medical Association had been rescinded. Motion carried. Further discussion followed.

5. Adjournment:

Upon motion duly made and seconded, it was voted that the next meeting of the Council be held at 11:00 a.m., on Tuesday, May 5th.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

Minutes of the Three Hundred Second (302nd) Meeting of the Council of the California Medical Association.

The meeting was held on Tuesday, May 5th, 1942, at 11:00 a.m., in Room A of the Convention Pavilion, Hotel Del Monte, with Chairman Philip K. Gilman presiding.

1. Roll Call:

Present: Chairman Philip K. Gilman, Councilors Henry S. Rogers, William R. Molony, Sr., Harry H. Wilson, Lowell S. Goin, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Donald Cass, Louis A. Packard, R. Stanley Kneesaw, John W. Cline, Frank R. Makinson, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary-Treasurer.

Absent: Councilor Axcel E. Anderson (ill).

2. Rebate Problem:

John Osburn of Los Angeles, a member of the Los Angeles County Academy of Ophthalmology and the Los Angeles County Medical Association, appeared before the Council and called attention to a certain resolution which had been adopted by the Council of the Los Angeles County Medical Association, acting in concert with the Better Business Bureau. The resolution was read, and after full discussion of its import, from the standpoint of ethical conduct, on motion by Cline, seconded by Kneeshaw, it was voted that the Council instruct the California Medical Association delegates to the American Medical Association to present to the House of Delegates of the American Medical Association a resolution having for its purpose the outlawing of rebates of all kinds, in accordance with long-standing principles of medical ethics.

The California Medical Association delegates to the American Medical Association House were also instructed to call the attention of the constituted authorities of this year's House of Delegates of the American Medical Association to the situation which has arisen in the Los Angeles County Medical Association in regard to certain forms of rebates.

3. Annual Session in 1943:

Chairman of the Committee on Scientific Program Kress suggested that in the year 1943, the annual session commence on Sunday, and continue through Monday, Tuesday and Wednesday; since it was important for the Program Committee to know this, for better arrange-

ment of scientific programs of general and section meetings. On motion by Molony, duly seconded, it was so voted.

4. **Shasta-Trinity County Medical Society:**

On motion by MacDonald, seconded by Green, it was voted to recommend to the House of Delegates that Trinity County be transferred from the Ninth to the Eighth Councilor District, and that it hereafter be part of a joint component unit to have the name Shasta-Trinity County Medical Society.

5. **Adjournment:**

Upon motion made and seconded, it was voted that the Council meet at 11:00 a.m., on Wednesday, May 6th. Adjournment followed.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

Minutes of the Three Hundred and Third (303rd) Meeting of the Council of the California Medical Association

The meeting was called to order on Wednesday, May 6, 1942, at 11:00 a.m., in Room A of the Convention Pavilion at Hotel Del Monte, Council Chairman Philip K. Gilman, presiding.

1. **Roll Call:**

Present: Chairman Philip K. Gilman, Councilors Henry S. Rogers, William R. Molony, Sr., Harry H. Wilson, Lowell S. Goin, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Donald Cass, Louis A. Packard, R. Stanley Kneeshaw, John W. Cline, Frank R. Makinson, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary-Treasurer.

Absent: Councilor Axcel E. Anderson (ill).

2. **Report of Committee on Personnel of Committees:**

The Committee on Personnel of Standing and Special Committees, through its chairman, Dr. Green, made a progress report. . . .

3. **Report on Activities of Organized Medicine:**

Dr. Goin called attention to suggestions that had been made to him that it would be most advantageous if component county societies would allocate one or two meetings during the coming year to a discussion of medical economic problems.

In the discussion thereon, it was brought out that progress reports of 5, 10, or 15 minutes length at meetings of component county societies and hospital staffs would be desirable, in that the presentation of such information would maintain greater interest of the general membership in these important matters, and make for better understanding of some of the more difficult problems confronting the profession.

Motion to that effect was made by Goin, seconded by Dewey, and was carried.

The suggestion was also made that it might be worthy of consideration to have an insert sheet of different colored stock in the Official Journal on which could appear pertinent information.

4. **Procurement of Medical Personnel for the Armed Forces:**

Dr. Goin called attention to several problems having to do with the possibility of securing improved local facilities for physicians who desire to enlist in the Armed Forces; as well as a better arrangement through which physicians who have made themselves eligible for call to service, might be given more adequate notice, so that they would be in position to better arrange their personal affairs before induction into the armed forces.

In this connection, Dr. Henry S. Rogers, Chairman of the Advisory Committee on Procurement and Assignment Service for the Ninth Corps Area, spoke of a meeting to be held on May 8th at Omaha, in which the Regional and State Chairman of the Procurement and Assignment Service would be present to discuss the above and related topics.

5. **Thanks to Those Who Coöperated in the Program for the President's Dinner:**

Upon motion by Green, duly seconded, it was voted that thanks be extended to the various parties who had given generous aid in the arrangements for the program of the successful Tuesday evening entertainment. Special mention was made of Dr. Lloyd Kindall of Oakland and his orchestra; Dr. Henri Shefoff, Dr. Bobby Glenn, Mr. Hartley Peart, Dr. Junius B. Harris, Dr. John Green, and Dr. Dwight Murray.

6. **Adjournment:**

Upon motion duly made and seconded, it was voted that the organization meeting be called for 7:30 a.m., Thursday, May 7th, in the private dining room of Hotel Del Monte. Adjournment.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

Minutes of the Three Hundred and Fourth (304th) Meeting of the Council of the California Medical Association

The organization meeting of the Council was held in the private dining room at Hotel Del Monte, at 7:30 a.m., Thursday, May 7, 1942, with Chairman Philip K. Gilman presiding.

1. **Roll Call:**

Present: Chairman Philip K. Gilman, Councilors William R. Molony, Sr., Henry S. Rogers, Lowell S. Goin, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Donald Cass, Louis A. Packard, R. Stanley Kneeshaw, John W. Cline, Frank R. Makinson, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary-Treasurer.

Absent: President-Elect Karl L. Schaupp, and Councilor Axcel E. Anderson (ill).

2. **Election of Council Officers:**

Upon motion by Rogers, and duly seconded, and motion put by Rogers, Philip K. Gilman was elected Chairman of the Council.

Upon motion by Cline, duly seconded, Frank R. Makinson was elected Vice-Chairman of the Council.

Upon motion by Kneeshaw, seconded by Powell, George H. Kress was elected Secretary-Treasurer and

Editor of CALIFORNIA AND WESTERN MEDICINE, at the same compensation as in 1942.

Upon motion by Green, seconded by Powell, Mr. John Hunton was employed for a period of three years.

Upon motion by McClendon, seconded by Goin, it was voted that the salary of Mr. Hunton be increased by $75.00 per month during the coming year over the compensation for the year 1941.

Upon motion duly made and seconded, Hartley F. Peart, Esq., was elected Legal Counsel with the same retainer as in 1942.

3. **Adjournment:**

Upon motion duly made and seconded, it was voted to hold the next meeting of the Council, at place and date to be determined by the Council Chairman.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

Members of the Los Angeles County Medical Association on Active Duty with the Army and Navy.*

(Report, as of May 22, 1942. Total Number, 286.)

Name	Rank (if known)	Service (if known)
Allen, Carlton S.	Lt. Col.	Army
Alsberge, E. Wallar	Captain	Army
Alsberge, Marden.	1st Lieut.	Army
Alward, H. Cedric		Army
Anderson, Forrest N.	Major	Army
Anderson, Frank M.	1st Lieut.	Army
Anderson, Milford X.	Captain	Army
Anderson, Stanley B.	1st Lieut.	Army
Arnold, Walter F.	Lieut.	Navy
Auerbach, Oscar	1st Lieut.	Army
Babcock, Donald T.	Major	Army
Barnes, Norman J.	1st Lieut.	Army
Barnum, Glenn L.		Navy
Barshop, Nathan	Captain	Army
Barton, Edw. Wm. J.	Lieut.	Navy
Beerman, Herman M.	Captain	Army
Behrendt, R. A.	Lieut.	Navy
Bennett, Edwin S.	Major	Army
Bernstein, Theodore I.	Captain	Army
Billig, H. E., Jr.	Lieut.	Navy
Blatherwick, Norman	Lieut	Army
Bower, Albert G.	Lt. Comdr.	Navy
Boyes, Joseph H.	Major	Army
Bradford, Fred E.	Lieut.	Navy
Brem, Thomas H.	Captain	Army
Briesen, Hans V.	Lt. Comdr.	Navy
Brown, Walter B.	Captain	Army
Brownsberger, Sidney		Army
Bryant, Ben L.		Navy
Budd, John W.	Lieut.	Navy
Burger, Raymond A.	1st Lieut.	Army
Burke, George T.	Lieut.	Navy
Burns, G. Creswell	Captain	Army
Burston, Herschel H.	1st Lieut.	Army
Butler, Orville W.	Lt. Comdr.	Navy
Butt, Edward M.	Lt. Comdr.	Navy
Cameron, Markley C.	Lt. Comdr.	Navy
Campbell, Clayton C., Jr.	1st Lieut.	Army
Carter, Martin G.	Lt. Comdr.	Navy
Caruso, Tenero D.		Navy
Chapman, James L.	Lt. Comdr.	Navy
Chier, Reuben D.	1st Lieut.	Army
Churchill, Ambrose S.	Captain	Army
Coggin, Charles B.	Captain	Army
Cohn, Harold A.	Captain	Army
Collins, Donald C.	Major	Army
Cozen, Lewis N.	Major	Army
Crockett, Herbert G.	Captain	Army
Cummings, Harold	Lieut	Navy
Darnell, Clarence A.	Captain	Army
Davis, Wm. Dewey		Army
Dean, James Reeve	Lt. Col.	Army
Delphey, William E.		Navy
Dickmann, Richard C.	1st Lieut.	Army
Dodd, A. M.	Major	Army
Donohoe, E. C.	Major	Army
Doroshow, George D.	Captain	Army
Downey, Thomas P.	1st Lieut.	Army
Duncan, John J.	1st Lieut.	Army
English, Glenn G.	Lieut.	Navy
Ewing, John P.	Lieut.	Navy
Faier, Herman I.	Captain	Army
Falconer, F. H.	Lt. Comdr.	Navy
Fish, Lester Warren	Major	Army
Flynn, J. F., Jr.		Navy
Gallup, Charles A.	Lieut.	Army
Gendel, Samuel	1st Lieut.	Army
Gernand, Henry C.	Lieut.	Navy
Godard, Clarence H.	Captain	Army
Goldberg, Percy H.	Major	Army
Goldenberg, Julius L.	Captain	Army
Golenternek, Dan	Captain	Army
Goodcell, Ross A.	Lieut.	Navy
Gordon, Gerald		———
Gordon, Kenneth W.	1st Lieut.	Army
Grant, Ben E.	Lt. Col.	Army
Groskloss, H. H.		Navy
Gurdin, Michael M.	Lieut.	Navy
Hall, Colby	Captain	Army
Harmon, George A.		Army

† Harold A. Fletcher, M. D., 490 Post Street, San Francico, is the chairman of the California Committee on Medical Preparedness, Henry S. Rogers, M. D., room 1435, 450 Sutter, San Francisco, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

* Copy Covering Letter:

Los Angeles County Medical Association
Los Angeles, May 22, 1942

To the Editor:—In response to your request that we send you a list of members of the Los Angeles County Medical Association now in service with the armed forces of the United States, we have attached the following names. These names are arranged in alphabetical order and the rank of the member is given where rank is known.

This list is as complete as possible as of May 22nd.

However, it is quite possible that some of our members have gone into service recently without notifying the office. We are discovering instances of that every week with the *Bulletins* addressed to such members being returned to us.

And again, some of the names listed may be back in active practice, having been discharged for some reason or other from active service. Occasionally we get information relative to that.

Trusting that this is what you desire, I remain,
Cordially yours,
S. K. COCHEMS,
Executive Secretary

Harner, C. E.—Lt. Comdr.....Navy
Harris, George S.....Army
Hauser, V. F.—Captain.....Army
Hawley, Carl J.—1st Lieut.....Army
Henderson, Jesse L.—Lt. Comdr.....Navy
Hendricks, Coleman B.—Captain.....Army
Henrichsen, Arthur L.—Captain.....Army
Henriksen, Erle—Major .....Army
Henstell, Henry H.—1st Lieut.....Army
Higgins, John W.—1st Lieut.....Army
Hillyer, Ernest C.—Lt. Comdr.....Navy
Hilty, Henry L.—1st Lieut.....Army
Holt, C. Zeno—Colonel.....Army
Huff, Louis Legros—Captain.....Army
Hughes, S. E., Jr.—Lt. Comdr.....Navy

Ilfeld, Frederick W.—1st Lieut.....Army
Imler. H. G.—Captain.....Army

Jacobus, Willis L., Jr.—Captain.....Army
Jenney, E. Ross—Major.....Army
Johnson, James B.—Captain.....Army
Jones, F. Harriman.....Army
Jones, Glen Ellis—Captain.....Army
Josephs, Louis—Lt. Comdr.....Navy

Kaplan, Harry E.....Navy
Kay, Raymond .....———
Kellogg, Frederick—Major .....Army
Keltz, Charles—1st Lieut.....Army
Kesling, Emmett F.—Captain.....Army
Keye, John D.—Lt. Comdr.....Navy
Kibby, S. V.—Lt. Col.....Army
Kiefer, Albert L.—1st Lieut.....Army
King, Robert W.—Captain.....Army
King, Stuart D.—1st Lieut.....Army
Klausner, John T.—Captain.....Army
Klor, Samuel J.—1st Lieut.....Army
Krieger, Sherburne—Captain .....Army

Larson, E. Eric—Lt. Comdr.....Navy
Leake, William H.—Lt. Comdr.....Navy
Leavitt, Arthur S.—Captain.....Army
Leffingwell, F. E.—Captain.....Army
LeVan, Paul .....Army
Lewis, Charles H.—Captain.....Army
Lindsley, St. Claire R.—1st Lieut.....Army
Linne, Francis B.—Captain.....Army
Lloyd, Allen S.—Lieut.....Navy
Lomas, Max I.—1st Lieut.....Army
Lovell, R. A.—Major.....Army
Loy, Monroe F.—1st Lieut.....Army
Lund, LeVal—Lt. Comdr.....Navy
Lynch, James M.—Lt. Comdr.....Navy

Magnuson, Harold J.....Navy
Maner, Geo. D.—Lieut.....Navy
Manning, John G.—1st Lieut.....Army
Marians, Abraham—1st Lieut.....Army
Mark, Bernard J.....Army
Martin, Harry W.....Army
Mason, J. I.—Captain.....Army
McCuskey, Charles F.—Major..... .....Army
McElhinney, P. P. B.—Lt. Comdr.....Navy
McEvers, Albert E.—Colonel.....Army
McGowan, Donald O.—Captain.....Army
McKenna, Stephen E.—1st Lieut.....Army
McMaster, Paul E.....Navy
Miller, Alden H.—Lieut.....Navy
Miller, C. Duane—Lt. Comdr.....Navy
Mitchell, William J.—Captain.....Army
Mitchelson, Delmar S.—Captain.....Army
Moran, Frank A.—1st Lieut.....Army
Mourer, Lyle A.—Captain.....Army
Mozar, Harold—1st Lieut.....Army
Mulligan, Harold R.—Lt. Comdr.....Navy

Nador, George—1st Lieut.....Army
Nees, Oliver R.—Comdr.....Navy
Nesburn, Henry R.....Navy

Pahl, Blythe W.—Lieut.....Navy
Pattison, A. C.—Major.....Army
Payne, Royal C.—Captain.....Army
Pentz, Clarence R.—Lt. Comdr.....Navy
Person, Edward C.—Lieut.....Navy
Peterfy, Richard A.....Army
Pierce, Wilmot F.....———
Pohlman, David A.—Captain.....Army
Pohlman, Max Edward—Lieut.....Navy
Popkin, Roy J.—Major.....Army
Potasz, Thomas M.—Captain.....Army
Presnell, James F.—Major.....Army
Pressman, Joel J.—Lieut.....Navy
Prigge, Edward K.—Major.....Army

Ray, Earl B.—Major.....Army
Reeder, Charles W.—Lt. Comdr.....Navy
Reeves, David Lander—Major.....Army
Reinertsen, B. R.—Lt. Comdr.....Navy
Rhind, Ralph—Lieut. .....Navy
Riddell, Herman I.—Lieut.....Army
Roberts, John F.....Army
Roen, Paul B.—Lt. Comdr.....Navy
Rogers, Maurice B.—Lieut.....Army
Rogers, Thomas J.—1st Lieut.....Army
Rosenberg, I. G.—Lieut.....Navy
Rosenthal, A. M.—Lt. Comdr.....Navy
Rosoff, Leonard—Captain .....Army
Rosove, Leon—Lieut. .....Navy
Ross, Rex L.—Lieut.....Navy
Rosser, Bernard H.—1st Lieut.....Army
Rothman, Phillip E.....Navy
Ruberstein, Victor G.—Captain.....Army
Ruddock, John C.—Comdr.....Navy
Ryan, Clark D.—Lt. Comdr.....Navy

Saverien, Anold E.—Comdr.....Navy
Saylin, Joseph—Colonel .....Army
Schade, Frank F.—Major.....Army
Schenk, Harry Leon—Captain.....Army
Schield, Emmett L.—Major.....Army
Schmidt, Allen R.—Captain.....Army
Schmidt, Philipp E.—Major.....Army
Schmoele, John M.—Comdr.....Navy
Schroeder, Ralph L.—Captain.....Army
Shachtman, Joseph M.—Captain.....Army
Shackford, Bartlett C.—Lt. Comdr.....Navy
Shelton, Robert M.—1st Lieut.....Army
Shear, Sidney P.—1st Lieut.....Army
Shuman, John Wm., Jr.—1st Lieut.....Army
Shuman, John Wm., Sr.—Lt. Col.....Army
Sicherman, Karl L.—Major.....Army
Silver, Bernard—Lieut. .....Navy
Simon, Julius—Lieut. .....Navy
Slaughter, Howard C.—Lt. Col.....Army
Smallwood, W. C.....Navy
Smedley, Robert C.....Navy
Smith, John J.....Army
Smith, Roy D.—Lieut.....Navy
Snyder, Wm. H., Jr.—Captain.....Army
Soll, Sydney N.—1st Lieut.....Army

Sorenson, Edward J.—1st Lieut.....Army
Southgate, Paul .....Navy
Spalding, W. Cullen—Major.....Army
Steckel, Morris Leo—Captain.....Army
Steele, Edson H.....Navy
Stehly, Charles C.—1st Lieut.....Army
Stern, Robert Leo—1st Lieut.....Army
Stevens, Joseph B.—Lt. Comdr.....Navy
Stewart, Charles M.—Captain.....Army
Stilwell, Leland E.—Major.....Army
Stocker, Howard O.....Army
Stout, Gurn—Lt. Comdr.....Navy
Sullivan, Daniel F., Jr.—Lieut.....Navy
Syman, Leo W.—Captain.....Army
Szukalski, Joseph P.—Major.....Army

Taber, Kenneth W.—Captain.....Army
Toma, John J.—1st Lieut.....Army
Turner, Ewing L.—Captain.....Army

Walker, J. E.—Lt. Comdr.....Navy
Waller, Lorenz M.—Major.....Army
Ward, Henry Charles—1st Lieut.....Army
Ware, E. Richmond—Lt. Col.....Army
Weber, Henry M.—Comdr.....Navy
Weinberg, Samuel J.—Captain.....Army
Weinberg, Sydney L.—Major.....Army
Westerhout, F. C.—Captain.....Army
Wexler, Manuel R.—Captain.....Army
White, Carroll W.—1st Lieut.....Army
Whitlow, Joseph Edwin—Captain.....Army
Whittaker, Thomas W.—Captain.....Army
Wilkinson, Allan B.—.....
Wilson, Warren A.—1st Lieut.....Army
Wineland, A. J.—.....Navy
Wirth, Robert G.—1st Lieut.....Army
Wolfson, Samuel A.—1st Lieut.....Army
Wright, John.....Navy
Wyers, Robert E.....Army

Zide, Harry Arthur—Captain.....Army
Zombro, Frederick B.—Captain.....Army

Re-Classification of Physical Defects

A wide variety of physical defects which heretofore have stood as a barrier to service in the Army is listed in the order as being considered acceptable for limited service with waiver and in addition there are enumerated a number of conditions on which waiver may be accepted for general military service.

The order is divided into three sections.

1. *The first section* concerns those defects considered acceptable for limited service. These include: overweight to 25 per cent above average weight for age and height, and underweight to 15 per cent below ideal weight, provided chest x-ray examination is negative for disease changes of the lungs and other chronic disease is carefully excluded.

Vision 20/400 in each eye corrected with glasses in possession of the examinee to 20/20 in one eye and to at least 20/40 in the other, provided no organic disease of either eye exists.

Blindness, or vision below 20/400, in one eye with vision 20/100 corrected with glasses in possession of the examinee to 20/20 in the other, provided there is no organic disease in the better eye and no history of cataract or other disease in the more defective eye which might be expected to involve the better one, and provided that, in case of the absence of an eye, the individual is fitted with a satisfactory artificial one.

Complete color blindness.

Hearing 5/20 in each ear for low conversational voice, or complete deafness in one ear with hearing 10/20 or better in the other, provided the defect is not due to active inflammatory disease and is stationary in character.

Loss of one hand, forearm, or lower extremity, provided the lost member is replaced with a satisfactory artificial one.

Flat feet, excessive curvature of the sole of the foot or a club foot in which the individual walks on the toes due to elevation of the heel by contraction of the Achilles tendon, provided the condition is asymptomatic and does not interfere with normal locomotion.

Joints fixed or limited in motion, provided the condition is the result of injury and is nonsymptomatic.

History of gastric or duodenal ulcer, provided there is a trustworthy history of freedom from activity during the preceding five years and provided an x-ray film of the gastrointestinal tract at the time of examination is negative.

2. *The second section* of the order concerns conditions considered unacceptable for any service and include:

History of malignant disease within the preceding five years; syphilis, except when adequately treated; instability of the major joints; diabetes of any degree; history of any psychosis.

3. *The third section* concerns those conditions which may be recommended for general military service with waiver. They include:

Confirmed positive serologic tests for syphilis with no clinical evidence of the disease, with reliable histories of treatment for the disease and provided that a negative spinal fluid since infection and treatment has been reported from a trustworthy source.

Overweight to 20 per cent above average weight for age and height, and underweight to 12.5 per cent below ideal weight, provided x-ray of the chest is negative for tuberculosis and other chronic disease is carefully excluded.

Insufficient incisor or masticating teeth, provided the mouth is free from extensive infectious processes and satisfactory dentures are worn.

Preliminary Findings on Examinations of Selectees

Sample Analysis Shows Why 50 Per Cent of First Two Million Men Were Rejected For General Military Service

A report on a sample analysis of medical records and summary reports from the Selective Service local boards indicates why about 50 per cent of the approximately two million registrants examined prior to May 31, 1941 were found by local boards and by Army induction stations to be unqualified for general military service, physically, mentally and educationally, has been made by Leonard George Rowntree, M. D., Colonel, M.C., U. S. Army; Chief, Medical Division, Selective Service System; Kenneth H. McGill, A.B., Chief, Research and Statistics Division, and Oliver Harold Folk, B.S., M.A., Captain, U. S. Army, Chief, Medical Statistics Section Research and Statistics Division, Washington, D. C.

It is explained that the Selective Service System is making a comprehensive analysis of the reports of the physical examinations of the registrants examined in accordance with the Selective Training and Service Act of 1940. Pending the complete analysis of these reports, a survey has been made of 19,923 medical records to provide an index to the physical fitness for military service of American youths between the ages of 21 and 36. This sample was drawn from each state in proportion to total registration and consists of a cross section of the registrants examined.

"Of the approximately one million registrants who were not qualified for general military service," the

authors say, "900,000 were so classified because of lack of physical and mental qualifications and the remaining 100,000 because of lack of educational qualifications. The minimum educational requirement for a registrant to be inducted into the Army is the ability to read and write the English language as well as a student who has satisfactorily completed the fourth grade in an American grammar school. More than one half, 470,000, of the 900,000 rejected for physical and mental reasons were qualified for limited military service only, and 430,000 were totally disqualified for any military service.

"Based on the major pathologic [disease] condition recorded or the principal cause of rejection by Selective Service local boards and by Army induction stations, dental deficiencies accounted for an estimated 188,000, or 20.9 per cent of the 900,000 registrants not qualified for general military service. Defects of the eyes and impaired vision constituted an estimated 123,000 or 13.7 per cent."

Commenting on this phase of the report, the three men say that: "There seems to be little doubt that most of the registrants classed as available for limited military service and a substantial portion of those classed as disqualified for any military service in the United States Army evidence health conditions which would be acceptable for military duty in any army in continental Europe. . . ."

Hernias, venereal diseases and defects and diseases of the teeth, eyes and feet were the principal types that, while disqualifying for general military service, still would permit the individual registrant to perform limited military service. Diseases of the cardiovascular (heart and blood vessels) system seemed to be the principal causes in total disqualifications for any military service.

"The major pathologic condition indicates the reason why registrants were rejected but does not afford an accurate index as to the incidence and prevalence of diseases and defects among registrants," the authors say. "In this study a maximum of three defects was recorded. A total of 27,031 defects were tabulated from the 19,923 reports of physical examination, an average of one and four-tenths defects per registrant examined. No defects were recorded, however, for 5,741 registrants, or 29 per cent, of the total number examined. Of the total of 27,031 defects, one or more were recorded for each of 14,182 registrants, an average of one and nine-tenths defects per registrant with defects. Two defects were recorded for each of 8,433 registrants and three defects for 4,416 registrants."

Discussing defects which do not disqualify as well as those which do disqualify for general military service, they say that "Defective feet accounted for the largest number of diseases and defects recorded for any single organ, section or system of the body and comprised 10.7 per cent of the total number of defects tabulated. Dental defects, which were the largest cause of rejection for military service, comprised 10.3 per cent of the diseases and defects. In addition to nondisqualifying defects, a large proportion of the disqualifying defects are minor as far as health conditions are concerned. Many defects are a cause for rejection for service in the Army but in no way hinder the perfomance of many civilian occupations.

"As the reports of physical examination considered in this survey were for men examined prior to May 31, 1941, registrants between the ages of 21 and 36 were included as well as a small number of men between the ages of 18 and 21 who volunteered through the Selective Service System for military service. Two thirds of the registrants examined by local boards were between the ages of 21 and 27, inclusive. Registrants between the ages of 28 and 36, inclusive, accounted for 31.3 per cent of the total number examined, and the number of volunteers between the ages of 18 and 21 accounted for 2.1 per cent of the total registrants examined.

"The rate of rejection for registrants between the ages of 31 and 36 was nearly twice as great as that of registrants between the ages of 21 and 25, inclusive. Sixty-one per cent of the registrants between the ages of 31 and 36 were unacceptable for general military service as compared to 45 per cent between the ages of 26 and 30 and 34 per cent between the ages of 21 and 25. The percentage who were qualified for general military service varied from 70.5 for registrants 21 years old to 29.9 for registrants who were 36 years old at the time of physical examination. . . ."

It is pointed out that advances in medicine and diagnostic and laboratory procedures since 1918 now present the means of eliminating more men from the service than was true in the last world war when approximately 64 per cent of 3,208,446 registrants examined were qualified for general military service.

Surgical Experience at Pearl Harbor on December 7

A postoperative mortality rate of 3.8 per cent among a very large number of seriously wounded victims of the Pearl Harbor attack on December 7 who were treated in a military hospital is reported by John J. Moorhead, M. D., New York. The publication of his paper has been authorized by the Office of the Surgeon General of the United States Army.

"The results," he declares, "were better than I had ever seen during nineteen months in France when serving with the French, Belgian and American medical formations."

Dr. Moorhead explains that "I had arrived in Honolulu on December 3 at the invitation of the Honolulu Medical Society to give a course of lectures on 'Traumatic Surgery.' By a strange coincidence the second lecture was entitled 'Treatment of Wounds, Civil and Military,' and this was given on Friday night, December 5, approximately thirty-six hours before the attack. An audience of about three hundred attended, and a large proportion represented the Army and Navy medical personnel."

He says that in his lecture he discussed principles of treatment which were based on experience in World War I and also in civil practice. "No one then thought that these principles of treatment were so soon to be put to a large scale test in a proving ground only a short distance from the lecture platform," he observes.

"When we began work on the morning of the attack there was the inevitable confusion caused by the influx of a large number of casualties, but very soon eight operating teams were on duty and most of us operated continuously for eleven hours. We were relieved by another group, and by this time a six-hour shift was started; later this became a four-hour tour. Most of the operations were performed by the civilian surgeons at the onset, as the regular hospital personnel were engaged in the essentially important triage [sorting], shock ward work and treating the walking wounded so that they might be discharged to duty. I was restored to temporary active duty in the Army Medical Corps as Colonel, Surgical Consultant, soon after the attack began. . . ."

The casualties were numerous, varied and severe. The majority were the result of bombing or machine gun attack. The embedded foreign bodies were of variable size and depth. Indwelling foreign bodies were not searched for unless accessible, but subsequently were sought and in many instances successfully removed. Of particular interest is Dr. Moorhead's report that in 2 cases in which a machine gun bullet had lodged within

the spinal canal the bullets were successfully removed.

"In one of these I would have failed had it not been for the aid afforded by the 'locator.' This is an electromagnetic induction apparatus about the size of a portable radio and it functions after the manner of a detector of buried metals. It was developed for me by a very clever technician of the New York City Transit System, and I gave it a successful trial at the Reconstruction Hospital Unit of the New York Post-Graduate Hospital just before leaving for Honolulu. This initial demonstration was in the case of a police officer who had been in the bombing incident at the New York World's Fair in July, 1939. At this first test of the 'locator' I was able to locate and remove several small metallic fragments from the region of the ankle, and purposely the x-ray films were not used as additional guides. This apparatus is highly sensitive for fragments of iron, steel, brass and copper, as well as for silver and aluminum, and less so for lead. It indicates the foreign body on the surface by a dial and also registers the subsurface depth almost equally well. The wandlike finder or probe can be sterilized and introduced into the wound if necessary. It was by this last named application that I found the aforementioned intraspinal bullet.

"On two successive days during a calm period we gave this apparatus a very severe test in our hospital group, and it proved helpful in 22 cases in which operations were performed by the chief of the surgical service and his assistants. The original apparatus is in Honolulu, but another even more responsive has been tested, and soon the device will be available commercially. . . ."

In summarizing his report Dr. Moorhead says that most of the fatalities in the cases treated in the military hospital in which he operated were those suffering from internal abdominal wounds and those depleted by shock and hemorrhage. There were no deaths from gas gangrene and discharge of pus from the wounds was almost absent, "so much so," he says, "that it became a subject of universal comment. There were no cases of tetanus, local or general, and the state of well being of the wounded was exceptional after the first few days.

"On January 3 in a San Francisco hospital I visited a large group of wounded we had evacuated on Christmas day, and they were all doing exceedingly well. Their condition elicited a special report to headquarters. Hence the follow-up is sufficiently prolonged to permit evaluation of the end results."

Dr. Moorhead believes that the outcome of the cases was dependent on:

"(a) Early receipt of the wounded—within the 'golden period' of six hours.

"(b) Preliminary shock treatment.

"(c) Adequate débridement [removal of all foreign matter and excision of the tissues immediately surrounding the wound] with no primary suturing.

"(d) Use of sulfonamide drugs in the wound and by mouth.

"(e) Adequate after-care.

"Other factors which aided were:

"(a) Absence of puttees; the incidence of driven-in dirty apparel was thereby lessened.

"(b) Climatic conditions.

"(c) Early hour of the attack; Sunday morning, and the men were clean and were not war worn.

"(d) Few flies.

"Our greatest defect was inability to give better preoperative shock treatment to a larger number of the seriously wounded.

"The outstanding features in this initial outbreak of World War II were the morale of the wounded, the unusual skill of the surgeons and the devoted service of the nursing and other hospital personnel.

"It is a duty and a proud privilege to pay tribute to those who served, and no directing surgeon ever had better coöperation."

Military Clippings—Some news items of a military nature from the daily press follow:

Drive Started For Doctors

Chicago. — (AP). — Recruiting teams are at work throughout the nation in a streamlined drive for immediate commissioning of 5000 to 16,000 physicians needed by the Army by December 31.

Details of the drive, announced by the procurement and assignment service for physicians, dentists and veterinarians, were published in the Journal of the American Medical Association, whose editor, Dr. Morris Fishbein, said that 6,000 of the 166,000 physicians would be required for the air force.—Sacramento *Union*, May 1.

* * *

The Doctor Goes to War

Already, with the war but a few months old, nearly ten per cent of all the physicians and surgeons licensed to practice in California are in service with the armed forces.

And already American military doctors have accomplished miracles of healing undreamed of in the first World War. Pearl Harbor statistics show that there was not a single unnecessary death as an aftermath of that disaster. The only amputations were necessitated by the nature of the injury—with not a single amputation from infection! Handling hundreds of emergency cases under enemy fire, the valiant doctors and nurses saved every life that could have been saved. Blood serums were ready; everything medical was in readiness. Military men were caught napping at Pearl Harbor. But the medical corps was not!

The American doctor has always gone to war readily and served with distinction whenever his country has called, although the material sacrifice of the doctor in giving up a practice requiring years of building, is greater than that of most civilians. Every parent of every boy overseas may take comfort in the fact that a medical man as good as the family doctor at home—and probably very much like him—will be on hand if trouble comes.—Corcoran *Journal*, May 1.

* * *

Public Must Adjust Self to Rationed Medical Care

Pressing Need for Military Doctors Told at Session

Boston, May 26.—Dr. Frank H. Lahey, President of the American Medical Association, said tonight the civilian population would have to adjust itself to the rationing of medical care as well as food, clothing and automobiles due to the pressing need for doctors in the Nation's armed forces.

Both he and Dr. Morris Fishbein, editor of the A. M. A. Journal urged all physically fit doctors under 45 who can be replaced by others in their work to enlist immediately, and Fishbein added, "because you will be called anyway."

20,000 Air Doctors

They spoke at the 161st meeting of the Massachusetts Medical Society, and at the same session, another nationally known doctor said the expanding Army and Navy air forces would require 20,000 "flight surgeons" and aviation medical examiners within a year.

"As the situation becomes more acute and the endeavor more prolonged," said Doctor Lahey, "there will be changes and modifications as to medical care, and the civilian population must without doubt adjust its lines as satisfactory to these rationings as to the more tangible ones such as things to eat, wear and ride in."

Huge Program

The declaration regarding the flight surgeon was made to the society's 161st meeting by Dr. John F. Fulton, Yale physiologist and authority on aviation medicine who said "if this demand is filled, it would alone absorb all the graduates of class A medical schools in the United States during the past three years."

Doctor Fishbein said that 45,000 physicians would be the requirement for the Army alone by the end of 1943 if the Army is expanded to seven million men.

He declared that American medical science had organized for the emergency admirably and that "seven and one half million pounds of sulfonamide drugs will be developed in the coming year for the use of the Army, the civilian population and for the United Nations."—San Francisco *Examiner*, May 27.

* * *

New Blood Bank Drive Is Pressed

Sacramento, May 11.—(UP).—The State Council of Defense today campiagned for 15 additional blood banks in hospitals of the state under the direction of Dr. Bertram P. Brown, chief of the council's emergency medical service.

Dr. Morton R. Gibbons of San Francisco, and Charles Sebastian of Los Angeles, deputy chiefs of the emergency medical service in northern and southern California, respectively, are conducting a survey of state hospitals in connection with the campaign.

Foundation for the campaign was laid last week at the California Medical Association convention in Del Monte.—Colusa *Sun-Herald*, May 11.

* * *

Increasing Nurse Shortage

The problems of the doctor, the nurse, and the hospital are all closely interwoven in the community mind. To solve a problem of the one without the aid and co:peration of the other two factors is obviously impossible. Today, the call of the armed forces upon our normally balanced supply of doctors and nurses is producing imbalance in communities. How, can, and will we meet our obligations in the care of the sick and still supply adequately balanced service at home and to the armed forces?

For the medical needs of the Army a Procurement and Assignment Service has been set up and should adjust the needs for physicians. To date, the Navy has had little difficulty in getting personnel.

Nursing is causing us the greatest concern. According to the Army reports, they have 9,000 on duty, and need 10,000 more by July 1, 1942. The Navy has about 2,000 on duty and needs about 750 more by July 1, 1942. It is estimated that these needs of the Army and Navy will be doubled in 1943, with further increases in 1944. In addition to the above, Public Health will require 3,000 or more additional nurses.

There is already a nurse shortage of approximately 17,000 in hospitals. The students graduated from schools of nursing every years in the U. S. A. are approximately 30,000. . . .

Only through the utmost coöperation among the medical, hospital, and nursing groups of the community can we stretch our existing supply of nurses and solve this problem as it should be solved; viz., by those who know the needs locally, not by some over-all agency. Talk won't do it. Let's have some action, both local and state. Our state organizations should join together and begin a militant campaign at once.—*New York State Journal of Medicine*, May, 1942.

* * *

Army Expert Scoffs at War by Germs; Says It's Impractical

Washington, May 17.—(Wide World).—The use of bacteria as a weapon of war to carry death to an enemy was described today as fantastic.

An Army Medical Corps expert, Major Leon A. Fox, declared that the dangers in using bacteria against an enemy more than off-set any advantages. Most bacteria are difficult to handle and cannot survive long under adverse conditions.

No germ known could survive the intense heat generated when a shell is fired from a gun or explodes on striking an objective.

Writing in the Military Surgeon, official journal of the Association of Military Surgeon, Major Fox declared.

"That the effects of bacterial injury cannot be limited or localized to any area; modern water purification methods protect most areas against typhoid and cholera; plague is a disease that would be as dangerous for the force using the organisms as for those attacked; the danger from typhus has been grossly exaggerated and modern sanitary precautions are effective in controlling most communicable diseases. . . .

"Certainly, at the present time, we know of no disease-producing mirco-organisms that will respect uniform or insignia." . . .

Colds, Influenza

Smallpox is no problem in the bacterial warfare picture since every man in the armed forces not previously immunized is vaccinated on induction, just as he is immunized against typhoid fever.

Epidemics of influenza, the common cold, pneumonia and meningitis have been mentioned in "scare stories" of the dangers of bacteria in wartime, he added, but again these are germs and viruses which are always with us.

"I do not know of a bacteriologist who can tell you how to start a respiratory epidemic," he said, "unless the stage is especially set" by poor hygenic conditions, overcrowding, poor ventilation and exposure to unfavorable climatic conditions or other factors which decrease resistance.

When such conditions exist, as they do now on the Russian-German front, disease outbreaks are certain to occur and kill or incapacitate more men on both sides than bullets. . . .

Bubonic plague has often been mentioned as a war pestilence, which it has often been in the past, but it is a weapon with a reverse spin since infected rats set loose on an enemy would quickly infect the Army which started it in motion.

Likewise typhus, transmitted from rats to men by the body louse, would promptly bounce back on the Army which used it when the first prisoner carrying one disease infected louse mingled with his captors.

The tough, spore forming germs such as those which cause tetanus, gas gangrene and anthrax are the greatest problem in warfare, Doctor Fox declared, "but they do not produce epidemic diseases and they are not communicable."—San Francisco *Examiner*, May 18.

* * *

Physicians Ask Public to Curb Wartime Pains

Chicago, May 8.—(AP).—The medical profession, its ranks being thinned by the war, asked the public today to please try to curtail its aches and pains for the duration.

It is not that the doctors do not want your business. It is that they want you to take better care of yourself because the number of physicians available for civilian practice is diminishing rapidly.

More than 10,000 physicians already have donned army uniforms and the army wants 16,000 more by December 31st.

However, Dr. Morris Fishbein, editor of the Journal of the American Medical Association, says there is no reason why any civilian should suffer, particularly if the public will coöperate with the medical profession in spreading the services of the physicians on the home front. He gave these suggestions:

Suggestions

Go to the doctor's office instead of calling him to your home whenever possible.

Utilize the nation's hospitals, where a doctor can see more patients in less time than by home calls.

Take the training courses in first aid offered by the American Red Cross.

Do everything you can to follow the rules of hygiene to maintain good health; a good diet is essential; get plenty of rest.

Take full advantage of preventative medicine by getting examinations at a physician's office to determine the presence of disease in its early stages.

Avoid excesses—over eating, over working, over drinking and over exercising.

Women should take the nurses' aid training courses and learn to do some of the things done by registered nurses.

Oldsters Return

Dr. Fishbein said the government and the medical profession have worked three years on plans to handle the physician shortage, and arrangements have been made so no community will be left without medical service.

Bright spots in the picture, he said, the institution of speedup courses in medical schools, concentrated internships and the return to practice of many oldsters who had retired but recognized the need to release younger men to the armed forces.—Sacramento *Bee*, May 8.

* * *

More Work for Private Medicine

Americans can well be thankful for the fact that we have more doctors per thousand of population than any other nation—and that these doctors have been given education and training of an unsurpassed quality.

At the present time, some 18,000 doctors are in the military forces. By the end of the year 10,000 more will be called. That will automatically shift the responsibility for at least 9,000,000 potential patients onto the shoulders of practitioners who remain at home. That means an average of some 80 extra potential patients per private doctor. And this will be further increased in the years

to come, as still more physicians are called to active military duty.

Those doctors who stay in private practice will have to work harder. They will have to make even more efficient use of their time than at present. Fortunately for the health of the people, the superb past record of American medicine indicates that the doctors will fully live up to the vast responsibility that war has thrust upon them. American medicine, at all times, is geared to emergency conditions. It is ready for a crisis.

In wartime, it is obvious that extraordinary efforts must be made to maintain the public health at the highest attainable level. The doctors will do their part. And all of us must coöperate. Don't take unnecessary chances.—Tulare *Advance-Register*, April 27.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

Vote on Act Creating Science Board Sought*

Petitions signed by 2,573 San Bernardino county residents to place an initiative measure known as the basic science law on the Nov. 3 ballot were filed today with County Clerk Harry L. Allison.

The measure would create a board of examiners in five basic sciences, anatomy, physiology, biochemistry, bacteriology and pathology, to be appointed by the governor, and require persons to obtain a certificate from the board after passing a written examination before applying to the medical, dental, osteopathic or chiropractic boards for a license to practice any of the four professions.

The measure is sponsored by the California Medical Association, California State Dental Association, Southern California State Dental Association and the Public Health League of California.

Circulation of petitions in San Bernardino county was under the direction of E. C. Shurte, of Los Angeles, assistant secretary of the public health league.

Similar petitions are being filed throughout California to place the measure before the electorate in November, Mr. Shurte said.

The basic science act would require any person who seeks a license to treat the ill to first pass an examination in the five basic sciences.

Mr. Shurte said that the measure would "eliminate from the practice of the healing arts any person who has not received a thorough training in the basic sciences necessary for the proper diagnosis and treatment of persons." He said that similar laws are in effect in 15 states and "in every instance they have resulted in greater protection for the public health by assuring that those treating the sick are fully qualified."

The measure would exempt persons now holding licenses and also exempt persons treating the sick by prayer in practice of any well-recognized religion.

Under provisions of the measure, members of the board would be an associate professor or full professor in one or more of the basic sciences at a university or college.

Members would receive $10 a day and their expenses while actively engaged in their duties while the state would allocate $5,000 to the board for operating expenses, this money to be repaid when funds have accumulated in the board treasury. Applicants for examinations would pay a minimum fee of $5 and not more than $15.

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Public Policy and Legislation has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M.D., Chairman, 450 Sutter, San Francisco. Telephone, DOuglas 0062.

* The item here reprinted is from the San Bernardino *Telegram*, April 22.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Facts Concerning the Hospital Situation in Los Angeles

What is the Present Situation?

1. Daily hundreds of people are being refused admission to the private non-profit hospitals in Los Angeles.

2. The hospitals are operating at over-capacity and are only taking the most acutely ill to the extent of their bed capacity. Physicians and hospitals are coöperating in deferring elective surgery and urging many ill and injured to be taken care of at home or in rest homes.

3. This situation has been brought about by the steady growth of Los Angeles over the past five years without any appreciable increase in hospital facilities. This shortage of hospital beds has been increased by the defense program when hundreds of thousands of workers are coming to this area.

4. Los Angeles needs approximately 1500 additional private hospital beds. Such an increase will place Los Angeles on the same bed ratio as the City of Detroit, which has 2.6 hospital beds per 1000 people. Detroit has a low ratio compared to other metropolitan cities. Most metropolitan cities have a ratio of 3 to 4 beds per 1000 people. (See survey by Hospital Council of Southen California.)

5. Private hospitals are not able to finance additions due to the following facts:

A. Most hospitals in Los Angeles have a large indebtedness which cannot be refinanced, and commercial loans are not available for expensive one-purpose hospital buildings, as experience has shown that the income in a hospital is not sufficient to pay interest and sinking fund requirements.

B. Hospitals in this area have not received gifts due to the fact that people in this area have not been educated to give to hospitals. Also, non-profit hospitals are taxed in the State of California, which discourages gifts and endowments.

What the Private Hospitals Have Done About the Situation

1. The Hospital Council of Southern California made a survey of the hospital situation and has informed the public, city and county officials, and civic organizations by the following methods:

A. Over a year ago, through various hospital reports, facts were submitted showing the shortage of hospital beds and the need for the citizens of Los Angeles to recognize the problem.

B. During 1941 all of the newspaper publishers, Chamber of Commerce, Community Welfare Federation, City and County Health Officers, and a number of other civic leaders were presented facts by the Hospital Council of Southern California. These organizations were also fully informed that hospitals could not expand their facilities due to the fact that such additions could not be financed.

2. Private hospitals, in order to expand their facilities, were active in securing the passage of federal legislation H.R. 4545 which became law in July, 1941. This Act stipulated that non-profit hospitals should be considered the same as a public agency and would be eligible for grants and loans.*

3. Shortly after July, 1941, some of the private hospitals in Los Angeles applied for grants or loans in order to expand their facilities. The Federal Works Agency has not seen fit to make any appropriations to hospitals in Los Angeles City, stating that the solution would be the expansion of the County Hospital's facilities by making a grant for 700 beds.

What Has Been Done About the Matter as Far as the City is Concerned?

1. The newspaper publishers have been very generous with their space in order that the public and public officials would be fully informed of the acute hospital situation. These articles have stressed the shortage of hospital beds and the imminent danger to the life and safety of our citizens because of the lack of these necessary health facilities. These papers have also stressed the importance of adequate health facilities for the many thousands of defense workers in this strategic location.

2. The City and County Health Officials have studied the situation and made plans to take care of a major disaster primarily by utilizing the additional beds planned for the County Hospital. This, however, does not take care of the normal needs of the community. . . .

* * *

(COPY)

Attending Medical Staff
THE CALIFORNIA HOSPITAL
1414 South Hope Street
Los Angeles, May 13, 1942

To the Members of the Attending Staff of the California Hospital:

In line with the present policy of hospital medical staffs to utilize the facilities of all of the hospitals to the extent of their capacity, and do this in an equitable way by giving first consideration to the physicians who confine their hospitalization to one hospital, the Executive Medical Board has determined upon the following policy with reference to maternity reservations:

1. All maternity reservations of the Senior Members of the Staff will be accepted as received.

2. All reservations from Members of the Associate and Courtesy Staffs will be held in a file and these reservations will be acted upon on the first day of the month three months prior to the month for which the reservations are made.

   a. When these reservations are considered the Associate Members will be given first consideration and the balance considered and accepted to the extent of the capacity of the hospital.

We know that you understand that we have done everything possible to increase our bed capacity. Fifty-seven additional beds have been added to the capacity of the hospital since January 1st. Prior to this time the maternity department was increased by an additional 12 beds and 12 bassinets. The present facilities will not allow additional expansion unless and when the Bicknell Building can be used. It is not good practice to overcrowd the maternity department, and we, therefore, must restrict admissions in line with our capacity. We realize that this will probably work a hardship on many of our courtesy physicians therefore, this notice so that you may be able to make reservations through some of your other hospital connections.

We want you to feel that we are trying to do everything possible to take care of the physicians and their patients. These restrictions are for the ultimate protection of patients and physicians so that we do not overcrowd our facilities. This hospital has done its part in trying to acquaint the public with the seriousness of the hospital situation, and we again urge physicians and their patients to take an interest in this vital community problem.

Very truly yours,
THE CALIFORNIA HOSPITAL.

* See also report of C.M.A. Committee in "Pre-Convention Bulletin, C. and W. M., April, 1942, on page 217.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (23)

Alameda County (2)
LeGrande Anderson, *Berkeley*
Douglas Ream, *Albany*

Contra Costa County (1)
Eugene L. Huwe, *Richmond*

Fresno County (1)
Isabella M. Clinton, *Springville*

Lassen-Plumas-Modoc County (3)
John Paul McKenney, *Alturas*

Kern County (1)
Rodney F. Wood, *Wasco*

Marin County (1)
Wilfred C. Curphey, *Sausalito*

San Bernardino County (2)
Gilbert D. Curtis, *Loma Linda*
James R. Savage, *San Bernardino*

San Diego County (2)
J. Gerald Hockin, *National City*
L. W. Shetler, *San Diego*

San Francisco County (6)
Thomas E. Bailly, Jr., *San Francisco*
Karl M. Bowman, *San Francisco*
Dorothy P. Danno, *San Francisco*
J. Laverne Laughton, *San Francisco*
Gerald B. Macarthy, *San Francisco*
Arthur McDowell, *San Francisco*

San Joaquin County (1)
Elias G. Hermosillo, *Stockton*

Santa Cruz County (2)
Luther Newhall, Jr., *Santa Cruz*
Ludwig Selzer, *Santa Cruz*

Solano County (1)
Jesse Cone Lockhart, *Vallejo*

Transfers (2)

Lester Jankay, from Santa Barbara County to San Bernardino County
Hymen Sidney Morgenstern, from Butte-Glenn County to San Francisco County

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Barclay, Alexander. Died at Riverside, February 27, 1942, age 59. Graduate of the University of Minnesota Medical School, Minneapolis, 1907. Doctor Barclay was an Associate Member of the Riverside County Medical Society, and the California Medical Association.

✤

Froehlich, David Edward. Died at Piedmont, April 22, 1942, age 50. Graduate of Northwestern University Medical School, Chicago, 1921. Licensed in California, 1921. Doctor Froehlich was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Haight, Louis Montrose. Died at Stockton, April 26, 1942, age 73. Graduate of Cooper Medical College, San Francisco, 1903. Licensed in California in 1903. Doctor Haight was a member of the San Joaquin County Medical Society, the California Medical Association, and the American Medical Association.

✤

Kjaerbye, Clause Peter Hoyer. Died at Fresno, May 6, 1942, age 74. Graduate of Kebonhavns Universitet Laegevidenskabelige Fakultet, Denmark, 1892. Licensed in California in 1897. Doctor Kjaerbye was a member of the Fresno County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

White, Percival Gordon. Died at Los Angeles, April 28, 1942, age 61. Graduate of McGill University Faculty of Medicine, Montreal, 1905. Licensed in California in 1909. Doctor White was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Wilcox, M. Russell. Died at Los Angeles, March 25, 1942, age 74. Graduate of the University of Minnesota Medical School, Minneapolis, 1897. Licensed in California in 1925. Doctor Wilcox was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✤

OBITUARIES

Doctor Percival Gordon White was born in Woodstock, Ontario, Canada, on June 13, 1880, where he lived until he entered McGill University to fulfill his boyhood ambition—to dwell among the traditional influences of Sir William Osler, J. George Adami and John McCrae. Throughout his thirty-two years of active practice the fundamental teachings of these men were ever-present in his approach to medical problems.

He was graduated in Medicine from McGill University in 1905, spending several years thereafter in the departments of pathology and medicine of the Montreal General Hospital, later serving as resident physician in medicine at the same institution.

On April 16, 1910, he arrived in Los Angeles where he entered into the spirit and practice of medicine as it was then unfolding in Southern California.

Several months after his arrival in Los Angeles he was invited by Dr. M. L. Moore and Dr. E. C. Moore to associate himself with them in the practice of medicine and surgery. To coördinated efforts of this small group eventually resulted in the foundation of the Moore-White Clinic, of which he was an active director until the date of his death.

Percival Gordon White
1880—1942

Dr. White's qualifications and achievements in medicine and his contribution to medicine were well known to his contemporaries. His service to the community and to progressive medicine has been a service of unusual brilliance.

Dr. White loved the family contacts of practice; each was a problem unto itself, but he was equally devoted to the complex diagnostic problems of office practice.

He was endowed with an unusual personality and a kindly manner, both of which, when combined with his natural ingenuity and other capabilities, created an element of supreme confidence in the minds of his patients.

The end of thirty-two years of active practice came to Dr. White on April 28, 1942, following a month's illness caused by a large posterior myocardial infarction.

Doctor White is survived by his wife Jessie R. White, and a brother and sister in Canada.

His associates, as well as many of his professional friends, are keenly aware of his loss. We have been most fortunate in our close association with him. We have been broadened by his living example and can unanimously say, a wise counsellor has departed from us.

H. D. Van Fleet.

Sulfathiazole for Acute Appendicitis.—"Sulfathiazole is an effective adjunct to surgery in cases of severe advanced acute appendicitis and in the complications of appendicitis," Robert K. Anderson, M.D., Chicago, reports in *The Journal of the American Medical Association.* His conclusion is based on results obtained in a series of 22 patients with advanced disease of the appendix who were treated by removal of the appendix and with sulfathiazole medication.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. F. G. LINDEMULLER.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM..Asst. Chairman on Publicity

Thirteenth Annual Convention of the Woman's Auxiliary to the California Medical Association

First Meeting

The first session of the 13th Annual Convention of the Woman's Auxiliary to the California Medical Association was called to order by the President, Mrs. Harry O. Hund, at 9:45 a.m., Tuesday, May 5, 1942, in the Pavilion Auditorium, Hotel Del Monte, Del Monte.

The President welcomed members and guests, with special greetings to the wives of men in the Medical Corps, who might be present.

The Invocation was offered by Reverend Theodore Bell of St. John's Chapel, Del Monte; the address of welcome was given by Mrs. H. M. Stufflebam of Monterey; the response was read by Mrs. W. C. Cooke, San Diego, who was substituting for Mrs. E. H. Christopherson, San Diego.

In Memoriam:

To honor those members who have passed on during the year, Mrs. C. W. Henderson of Santa Barbara read a beautiful tribute; assisted at the piano by Mrs. William Sargent of Alameda. Candles were lighted for Mrs. Norma Norwell Powell, San Joaquin County; Mrs. Edward B. Shaw, San Francisco County; Mrs. Frank Reynolds, Butte-Glenn Counties; Mrs. Edwin B. Tutner and Mrs. Barney Coleman, Los Angeles County; and Mrs. J. A. Porter, Stanislaus County.

Mrs. John C. Sharp, Convention Chairman, announced the program which had been planned for the pleasure and entertainment of members and guests.

Roll Call:

By the Secretary, Mrs. R. K. Cutter.

Credentials:

Mrs. Frank A. Lowe reported the following registrations (as of 9:30 a.m. Tuesday, May 5)

Officers and State Board Members	17
Delegates	49
Alternates	28
Past State Presidents	3
Members	117
Guests	16
Total	230

Convention Rules:

Mrs. C. C. Landis, Butte County, read the rules.

Report of President:

Mrs. Stanley Kneeshaw, First Vice-President, took the chair as Mrs. Harry O. Hund gave her report—a résumé of work accomplished during the past year. Mrs. A. J. Pederson, Santa Cruz, moved that the report be accepted with deep appreciation, and that Mrs. Hund be given a rising vote of thanks for her untiring work. Motion was seconded and carried.

Reports of Officers:

Corresponding Secretary, Mrs. Frank Lowe, reported. Mrs. Lindemulder, San Diego, moved to accept the report. Motion seconded and carried.

Treasurer. Mrs. Edmund J. Morrissey's report showed the following balances:

Checking Account	$1,209.11
Savings Account	1,709.31
Total	$2,918.42

This report was ordered placed on file.

Auditor. The report of the Auditor was read by the Secretary. Mrs. J. R. Walker of Fresno moved that the report be accepted. Motion was seconded and carried.

Report of Standing Committees:

Finance and presentation of the budget. Mrs. F. G. Lindemulder read the proposed budget for the coming year, 1942-1943.

Stationery and printing	$ 100.00
Stenographic and clerical	75.00
Postage	85.00
Telephone and telegraph	60.00
Convention	150.00
"Courier"	400.00
President's Discretionary Fund	450.00
Membership and Organization	50.00
Miscellaneous	50.00
Total	$1,420.00

Mrs. Lindemulder moved the adoption of this budget. Motion was seconded and carried.

Dues:

Mrs. F. G. Lindemulder moved that the annual dues for 1942-1943 remain at $1.00. Motion seconded and carried.

Mrs. M. R. Gordon, San Francisco, moved that reports of the Standing Committees be accepted as a whole. Motion was seconded and carried.

Membership and Organization. Mrs. R. Stanley Kneeshaw reported.

Program and Health Education. Mrs. Ralph B. Eusden reported.

Public Health Activities. Mrs. R. Emerson Bond's report was read by the Secretary.

Public Relations. Mrs. Eric F. Colby's report was read by the Secretary.

Editor and Publicity. Mrs. Rene Van de Carr reported.

Historian. Mrs. Arthur T. Newcomb's report was read by the Secretary.

Hygeia. Mrs. Franklin Hankins reported.

Mrs. C. G. Stadfield, Los Angeles, moved that these reports be accepted as read. Motion was seconded and carried.

Reports of Special Committees:

Revisions. Mrs. Hobart Rogers reported that the committee had no revisions to recommend. The President accepted this report.

Medical Benevolence. Mrs. Franklin Farman reported a total of $735.00 in the Fund. Mrs. Robert Glenn, Alameda, moved that this report be accepted. Motion was seconded and carried.

Legislation. Mrs. A. Lincoln Brown's report was read by the Secretary. Mrs. H. R. Madeley, Solano, moved that this report be accepted. Motion was seconded and carried.

Cancer Control. Mrs. Kenneth Staniford's report was read by the Secretary. Mrs. Roy Nelson, Alameda, moved that the report be accepted. Motion was seconded and carried.

† Reports of county chairmen of publicity should reach Mrs. Rossner Graham, Assistant Chairman of Publicity, 5101 Acacia, Oakland, by the tenth of the month previous to publication. Address of the Chairman of Publicity: Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

President's Announcements:

1. Mrs. Hund announced that, at the second session, District Councilors for the 1st, 2nd and 4th Districts would be elected.

2. The President told of a letter from Dr. George H. Kress, confirming the use by the Auxiliary of Rooms D, E, and F in the Pavilion.

3. Mrs. Hund asked that members who plan to go to the National Convention in Atlantic City notify her, in order that credentials be submitted to the National Secretary.

Committee on Resolutions:

Mrs. William C. Boeck, Los Angeles, Chairman; Mrs. Hobart Rogers, Alameda; and Mrs. Otis A. Sharpe, San Mateo, were presented by Mrs. Hund, who requested that members submit any desired resolutions to the committee by 5 p.m. Tuesday; so that they could be presented to the House of Delegates at the Second Session.

Mrs. Benjamin Sherman suggested that a notice inviting all doctors' wives to the Auxiliary sessions be posted on the bulletin board.

The meeting adjourned, to be followed by a luncheon in honor of the President, Mrs. Harry O. Hund.

MRS. ROBERT K. CUTTER,
Recording Secretary.

Second Meeting

The second session of the 13th Annual Convention of the Woman's Auxiliary to the California Medical Association was called to order by the President, Mrs. Harry O. Hund, at 9:55 a.m., Wednesday, May 6, 1942, in the Pavilion Auditorium, Del Monte Hotel, Del Monte.

Credentials. Mrs. Frank A. Lowe reported the following registration as of 9:30 a.m., Wednesday, May 6, 1942: 258. Roll Call by Secretary showed: Officers and Board Members, 15; Delegates, 57.

Minutes. The Secretary read the minutes of the First General Session, which were approved as corrected.

Report of District Councilors:

The President announced that the reports of the District Councilors would be accepted as a whole. Mrs. Eugene Kilgore, San Francisco, moved that the reports be accepted as read and placed on file. Motion was seconded and carried.

Reports of County Presidents:

The President announced that reports of absent County Presidents would be placed on file, if no member had been delegated to read the report. Also, that reports would be accepted as a whole.

Mrs. Floyd Bell, Alameda, moved that the reports be accepted as read, and placed on file. Motion was seconded and carried.

Report of Committee on Resolutions:

Mrs. William Boeck, Chairman, read the following resolutions:

1. WHEREAS, The Annual Meeting of The Woman's Auxiliary to the California Medical Association has repeatedly been held in Del Monte; and

WHEREAS, The Monterey and her immediate neighboring County Auxiliaries have been ably and graciously carried the responsibilities connected with said meetings; and

WHEREAS, Since it is probable that the annual meetings will be held consecutively at Del Monte, the time has come when Monterey Auxiliary should be relieved of some of the work connected with these conventions; therefore, be it

Resolved, That each County Auxiliary be called upon, from time to time, to assume definite and specific duties in carrying on the annual meetings.

Mrs. Wm. C. Boeck moved the adoption of this Resolution. Motion seconded and carried.

2. *Resolved,* That a sufficient amount be withdrawn from the Savings Account to buy 13 Defense Bonds, Series F, $100.00 Denomination, in the name of the Woman's Auxiliary to the California Medical Association.

Mrs. Wm. C. Boeck moved the adoption of this Resolution; motion seconded and carried.

* * *

3. WHEREAS, The Thirteenth Annual Session of the Woman's Auxiliary is now drawing to a close, and

WHEREAS, Many have added to the success and pleasure of this Convention; therefore, be it

Resolved, That the woman's Auxiliary to the California Medical Association in Convention assembled extend its sincere thanks and grateful appreciation:

1. To Mrs. Harry O. Hund, our President, whose charming personality and executive ability have endeared her to every member of the Auxiliary, and to the members of the Board of Directors who have so ably carried out their duties to a successful completion.
2. To Mrs. John C. Sharp and her Committees who have worked untiringly for the success of the sessions and the pleasure of the members and guests.
3. To the Reverend Theodore Bell, who asked God's blessing on this convention.
4. To Mrs. C. W. Henderson and Mrs. William Henry Sargent for the memorial service.
5. To the Carmel Players, for the very delightful evening honoring Mrs. Henry Rogers, wife of the President of the California Medical Association.
6. To the Management and Staff of the Hotel Del Monte and the Pebble Beach Lodge for their courtesies.
7. To the Council of the California Medical Association for their support during the year.
8. To Doctor Henry Rogers and the members of our Advisory Council for their coöperation and support and for their sympathetic understanding of our problems as an Auxiliary.
9. To Doctor William R. Molony, for his assistance during the Convention.
10. To Doctor Dewey R. Powell and to Doctor Clarence E. Rees for their inspiring and enlightening messages.
11. To the Monterey Garden Club for arranging the tour of famous gardens on Monterey Peninsula.
12. To I. Magnin & Co. for window space for the display of prizes given for the Auxiliary Golf Tournament.

Be it further *Resolved,* that copies of these resolutions be sent by the Recording Secretary of the Convention to the above names, to whom we are deeply indebted, and a copy be placed on file.

Mrs. William C. Boeck, *Chairman*
Mrs. Hobar Rogers
Mrs. Otis Allen Sharpe

Mrs. Wm. C. Boeck, Los Angeles, moved the adoption of these Resolutions. Mrs. Frank A. Lowe, San Francisco, seconded and motion was carried. The President ordered them placed on file.

Mrs. Eugene Kilgore, San Francisco, suggested that the Auxiliary carry dues of members who are wives of service men. Mrs. Hund announced that each County is to decide upon such action.

Election of Officers:

The Report of the Nominating Committee was read by the Secretary:

The Nominating Committee, after due consideration, respectively submits the following names for officers to the Woman's Auxiliary to the California Medical Association:

President: Mrs. F. G. Lindemulder, San Diego County.

President-Elect: Mrs. Charles C. Landis, Butte-Glenn County.

First Vice-Pres.: Mrs. Ralph B. Eusden, Los Angeles County.

Second Vice-Pres.: Mrs. Raleigh Burlingame, San Francisco County.

Rec. Sec'y.: Mrs. Lawrence Gundrum, Los Angeles County.

Treasurer: Mrs. Richard McGovney, Santa Barbara County.

Councilors-at-Large:

Mrs. Rene Van De Carr, Alameda County.
Mrs. Franklin D. Hankins, Riverside County.
Mrs. Frederick Shenk, Santa Cruz County.
Mrs. R. Emerson Bond, San Diego County.

There being no nominations from the floor, Mrs. Benjamin Sherman, Los Angeles, moved that the nominations be closed, and that the Secretary be instructed to cast the ballot for the above officers. Mrs. Kaho Daily, Contra Costa, sconded, and the motion was carried. The President declared the nominees duly elected.

Election of District Councilors:

1st District: Mrs. L. G. Price, Fresno, nominated Mrs. S. J. McClendon, San Diego. Mrs. Lawrence Whitaker, Orange, moved the nominations be closed. Motion seconded and carried.

2nd District: Mrs. Wm. C. Boeck, Los Angeles, nominated Mrs. Wm. R. Moloney, Jr., Los Angeles. Mrs. Powel D. Foster. Los Angeles, moved the nominations be closed. Motion seconded and carried.

4th District: Mrs. R. L. Hoffman, San Diego, nominated Mrs. Bryson Cox, Fresno. Mrs. J. R. Walker moved the nominations be closed. Motion seconded and carried.

Election of Three Members of the Nominating Committee:

Mrs. Kaho Daily, Contra Costa, nominated Mrs. Hobart Rogers, Alameda.

Mrs. Carl Von Hagen, Los Angeles, nominated Mrs. Ferris Arnold, Los Angeles.

Mrs. Frederick Shenk, Santa Cruz, nominated Mrs. C. W. Henderson, Santa Barbara.

Mrs. Wm. C. Boeck, Los Angeles, moved the nominations be closed. Motion seconded and carried.

Mrs. Hund introduced the new President, Mrs. F. G. Lindemulder, who responded graciously and presented her new officers.

Credentials:

Mrs. Frank A. Lowe read a final report on Registration.

Officers	17
Delegates	55
Alternates	28
Members	137
Past Presidents	3
Guests	23
Total	263

Minutes:

The Secretary read the minutes of this meeting, which were accepted as corrected.

There being no further business, the Thirteenth Annual Convention adjourned.

MRS. ROBERT K. CUTTER,
Recording Secretary.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

March, 1940	9,322
September, 1940	17,398
March, 1941	24,107
March, 1942	40,123

In March of 1941, the entire membership had full coverage contracts. One year later, in March, 1942, the effect of changes that have been gradually carried out may be seen in the breakdown of kind and number of contracts carried by the membership:

Full coverage	30,952
Two Visit Deductible	1,322
Surgical	6,717
Rural	1,132

During the past three or four months, there has been only a slight increase in total membership. This, of course, is directly related to the labor turnover, unrest and uncertainty of business because of the war. As these factors settle down and more emphasis is placed on the health of the worker, we should see a sudden growth of membership.

C.P.S. completes its fiscal year in March of each year. The Certified Public Accountants' report of funds received in trust and their disbursements for the year ended March 31st, 1942, makes the following note:

"During the year the operating deficit was reduced by $548, and the unit stabilization fund was increased by $23,142, making a total improvement of $23,690. $2,000 was returned to the California Medical Association."

* * *

Physicians—Plan Extended

California Physicians Service yesterday announced its program of low-cost health protection would be made available to approximately 35,000 California farm families through an agreement with Federal Farm Security Administration.

FSA agreed to make loans to farm families whose net income is not more than $2,000 a year to enable them to pay membership fees in the service through "farmers' health associations." The plan was tried experimentally for a year in seven counties through three associations which had headquarters in Watsonville, Santa Rosa and Oroville.

CPS was established by the California Medical Association to provide complete medical and hospital care costing between $20 and $60 a year to low-income groups. —San Francisco *Commercial News*, April 24.

* * *

Farmers' Health Service to Reach Larger Group

Extension of health service to more farmers in lower income groups was assured here this week by Ira D. Guthrie of the Farm Security Administration.

The health service works in conjunction with the California Physician's service.

Last year only low income farmers allied with the FSA could avail themselves of the plan, but this year it has been extended to include all low income farmers.

Information regarding the service may be had from the Farm Bureau, the Grange or at Carl Ladd's office.

A meeting of interested officials will be held in Watsonville on April 28, and will be attended by representatives from San Benito, Monterey and Santa Cruz counties, Guthrie stated. The plan will be explained in detail at the meeting.

Briefly, the farmers and their families availing themselves of the service will receive doctor, hospital and drugs for a stated sum per year.

The payments range from $20 for a single person up to $60 per year for a family of four people or over.—Hollister *Free Lance*, April 25.

* * *

Committee Plans Second Year Program of Rural Health Plan

A district committee, appointed by the Farmers Health Association, met in Gridley Friday night to organize and plan for the second year of this rural health program in Butte county, one of the three counties in the U. S. in which this revolutionary medical plan was tried experimentally the past year. This county-wide association of low income farm families was formed a year ago and signed a contract for almost complete medical, surgical, obstetrical and hospital care, with the California Physicians Service. Over 5300 of the 6900 members of the California Medical Association are members of the

† Address: California Physicians' Service, 153 Kearney Sreet, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

California Physicians Service, and success of the plan has been unqualified, according to Claude Lane, local director of the Farmers Health Association.

Outstanding feature of the program, Lane stated, are almost complete care of the entire family, choice of one's own physician, and a sincere effort by the U. S. department of agriculture and the doctors alike to provide at low cost a program of excellent medical care for this long neglected low income rural group.

Scope Extended

The U. S. department of agriculture, through the farm security administration, merely sponsors the local coöperative group, Lane said. Administrative help and frequently loans are made by the FSA, but the Farmers Health Association is 100 per cent independent. During the past year the plan was limited to FSA borrowers. This year an even improved plan is offered to all Butte county farm families who make at least 50 per cent of their income from farming and farm labor and whose net income is $2000 or less.

Full details of the plan can be obtained from the Gridley district committee and its associates, Lane said. The Gridley district committee is composed of Claude Lane, Mrs. Fred Smith of Biggs, Fred Koinsberg, Ernest Demmer, and Mrs. Earl Marler, Gridley. Also associated with the committee are Mrs. Louise Hendrix of Biggs and Jack Meyer of the Gridley migrant camp—Gridley *Herald*, May 5.

* * *

FSA Will Help Farm Families Get Medical Care

Physicians' Group Signs Contract Designed to Aid 35,000 Households

San Francisco, April 27.—For the first time, complete medical and hospital care costing from $20 to $60 a year is made available to San Joaquin and Sacramento Valley farm families.

The California Physicians Service, through Dr. A. E. Larsen of San Francisco, announces the signing of an agreement with the Farm Security Administration, extending a group health plan which last year was tried as an experiment at Watsonville, Santa Rosa and Oroville.

It is estimated that 35,000 farm families in California will benefit under the new agreement.

$2,000 Income Limit Set

There are no strings attached to the low cost medical plan. Dr. Larsen explains that farmers and their families who earn a maximum net income of $2,000 a year are eligible.

Those with FSA loans are permitted to obtain their memberships through their local office.

Those who live in a community without FSA offices, or are independent of that aid, are urged to form their own groups, either through a farm bureau or a grange.

Doctors, hospitals, druggists and the three Farmers Health Associations participate in the plan, which Dr. Larsen declares is "the most extensive medical care ever offered at such low cost."

Fees Are $20 to $60

The lowest fee is $20 for one person, and the maximum is $60 for a family of four or more members.

Benefits include hospitalization up to twenty one days; full medical service for each separate illness; x-ray and laboratory services free in the hospital; all costs for drugs in excess of $5 will be reimbursed by the health association; free choice of physician from 5,300 medical doctors registered in the California Physicians Service; free choice of hospital in own locality.

"This service is especially noteworthy in providing unlimited service from the medical doctor and hospital for children up to 19 years of age even in chronic ailments, equally complete care for maternity cases. Adult chronic cases are given three weeks of intensive care, and monthly checkups thereafter."

FSA will Lend Fees

The FSA will make loans for membership fees to its own borrowers.

Physicians' visits to the home are taken care of. Although a sick person must pay $1.50 for the first home visit of a physician, all further visits are included.

Dr. Larsen said:

Extension of this low cost medical service comes at a time when new emphasis has been placed on health needs, especially for those farm workers who are so essential in the war effort.—Fresno *Bee*, April 27.

S. F. Municipal Health Service

Doctors who served the Municipal Employees Health Service System will receive 74 cents per unit for their work during March, service directors decided yesterday. The rate is 17 cents per unit greater than a year ago and will total $24,772.33.

At the same meeting payment was ordered for hospital bills totaling $9,368.34; x-ray laboratories, $1,056.75; clinical laboratories, $590,25, and ambulance services, $108.—San Francisco *Examiner*, May 22.

MEDICAL EPONYM

Nélaton's Line

Professor Auguste Nélaton (1807-1873), surgeon of the Saint-Antoine Hospital, of Paris, called attention to this line in his *Éléments de Pathologie Chirurgicale* [*Elements of Surgical Pathology*] (Paris: Germer Baillière. 2:441, 1847). A portion of the translation follows:

"If the exact relations of the great trochanter to the various bony prominences of the pelvis be examined in their normal state, it will be found that when the femur is flexed to a right angle and slightly adducted, the top of the great trochanter falls in a line that extends from the anterior superior spine of the ilium to the most prominent portion of the tuberosity of the ischium, and that this line divides the cotyloid cavity into two equal parts. This line, corresponding to the center of the cotyloid cavity . . . may easily serve as a guide to measure the degree of displacement [of the head of the femur]. . . . For this purpose, it suffices, after the thigh has been flexed to a right angle, to place a tape on the two points indicated,—that is, the anterior superior spine of the ilium and the ischial protuberance,—and to explore the gluteal region of both the sound and the injured side, to observe the difference between the two."—R. W. B., in *New England Journal of Medicine*.

MEDICAL EPONYM

Ménière's Disease

The first full account of this syndrome appeared in a "Mémoire sur des lésions de l'oreille interne donnant lieu à des symptômes de congestion cérébrale apoplectiforme [Note on Lesions of the Internal Ear Giving Rise to Symptoms of Apoplectiform Cerebral Congestion]," which was printed in the *Gazette médicale de Paris* (3rd series, 16:597-601, 1861), less than a year before the death of its author, Prosper Ménière (1799-1862), *chef de clinique* of the Paris Medical Faculty. A previous publication, "Sur une forme de surdité grave dépendant d'une lesion de l'oreille interne [On a Form of Severe Deafness dependent on a Lesion of the Internal Ear]," had appeared in the *Bullétin de l'Academie impériale de Médecine* (26:241, 1860-1861). The following is a translation of a portion of the former article:

"1. An auditory apparatus that has previously been perfectly healthy may suddenly become the seat of functional disturbances consisting of noises of a variable nature, continuous or intermittent, and these noises are soon accompanied by more or less diminution of hearing.

"2. These functional disturbances, which have their seat in the internal ear, may be followed by such apparent cerebral symptoms as vertigo, faintness, unsteady gait, giddiness and falling; furthermore, they are accompanied by nausea, vomiting and syncope.

"3. These symptoms, which are intermittent, are soon followed by progressively serious deafness, and frequently the hearing is lost suddenly and completely.

"4. Everything leads one to believe that the essential lesion behind these functional disturbances lies in the semicircular canals."—R. W. B., in *New England Journal of Medicine*.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California. Date for 1943 Session not yet decided.

American Medical Association, Atlantic City, June 8-12, 1942.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule:

Saturday, June 6—KFAC, 8:45 a.m., Your Doctor and You.

Saturday, June 6—KFI, 11:30 a.m., The Road of Health.

Saturday, June 13—KFAC, 8:45 a.m., Your Doctor and You.

Saturday, June 13—KFI, 11:30 a.m., The Road of Health.

Saturday, June 20—KFAC, 8:45 a.m., Your Doctor and You.

Saturday, June 20—KFI, 11:30 a.m., The Road of Health.

Saturday, June 27—KFAC, 8:45 a.m., Your Doctor and You.

Saturday, June 27—KFI, 11:30 a.m., The Road of Health.

Doctors Wanted.—The Los Angeles County Civil Service Commission is seeking M.D.'s, 21 to 55 years of age, who have graduated from an approved medical school and who have completed at least one year of internship in an approved hospital. The positions are those of Assistant physician and physician at Olive View Sanatorium in San Fernando. Qualified men or women whether they are residents of Los Angeles County or not, should secure complete information and file an application at 102 Hall of Records in Los Angeles on or before June 16th, 1942.

Intern Vacancies.—One hundred and twenty intern positions are available to qualified men and women in the United States and Canada at the Los Angeles County General Hospital during the next twelve months according to an announcement just made by Los Angeles County Civil Service Commission. The interships which may be either rotating or straight, provide for uniforms, medical care and for salaries of $65 from which maintenance costs are deducted.

Men and women who have completed their medical course in an approved medical school in the United States or Canada within the last five years or who expect to complete it prior to July 1, 1943 should send the special application form (obtainable from the Commission or the Dean) to the office of the Commission, 102 Hall of Records, 220 North Broadway, Los Angeles, California. As there will be no written examination, applicants should also send recent photographs and transcripts of their school records.

National Health Conservation Contest.—Winning cities and counties in the National Health Conservation Contest, conducted jointly by the Chamber of Commerce of the United States and the American Public Health Association, were announced today by the Contest Grading Committee, of which Dr. W. S. Rankin, of the Duke Endowment Fund, Charlotte, North Carolina, is chairman. California was mentioned under: The winning counties: Santa Barbara County, California.

The contest is conducted in two sections, one for cities, known as the City Health Contest, and the other for counties, known as the Rural Health Contest. The year 1941 was the thirteenth year of the city contest and the eighth year of the rural contest. The city contest is financed by the Metropolitan Life Insurance Company and the rural contest by the W. K. Kellogg Foundation, of Battle Creek, Michigan.

Populations totalling more than a quarter of the population of the United States are represented by the cities and counties participating annually in this effort to

† In the front advertising section of *The Journal of the American Medical Association,* various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

evaluate and improve health protection services.

Participants have found in these contests an effective means of focusing public attention upon the strengths and weaknesses of their local health services and upon the need for maintaining effective health protection at all times.

Special emphasis has been placed upon the need, for continual vigilance and protection of public water supplies, for more effectively pasteurized milk, and for more widespread protection against diseases for which protective measures are available.

A total of 28 awards were made to cities and counties in 17 states. Kentucky, Michigan, Tennessee and Wisconsin each produced three winners and Connecticut, Illinois, and Washington produced two each. The other ten states produced one winner each.

College of Medical Evangelists: President Percy M. Magan Retires.—On Wednesday afternoon and evening, May 13th, in the Los Angeles Breakfast Club Auditorium, some five hundred students, alumni and friends of Percy M. Magan, who, for many years has guided the course of the College of Medical Evangelists, gathered in greeting and good wishes to him, and welcome from him and those present, to his successor, President-Elect W. E. Macpherson. Dr. Malcom Hill gave the tribute to President-Elect Macpherson, Dr. George H. Kress to Retiring President Percy M. Magan, Dr. H. Theodore Bergman to the men in service. Other speakers included Dr. Benton N. Colver and Dr. George Thomason.

Western Section: American Urological Association.—The Western Section of the American Urological Association will hold its annual session at Hotel Del Monte, June 22-23-24 (Monday-Wednesday). An excellent scientific program has been arranged. Guest speakers include Joseph F. McCarthy, New York; Herbert M. Evans, Berkeley; John Lawrence, University of California; Charles R. Huggins, University of Chicago. Entertainment features will not be lacking. For information address the Secretary, Dr. Dudley P. Fagerstrom, 241 East Santa Clara St., San Jose.

American Social Hygiene Association: William F. Snow, Director.—As announced in the March "A.S.H.A. NEWS," specially trained venereal disease control officers are being assigned as assistants to the surgeon of each Army division, to each corps area and department, to each Army headquarters, to General Headquarters and to each camp of 20,000 or more troops. . . . Mr. Lawrence Arnstein, for some years a well-known member of the San Francisco Board of Health, has recently accepted the post of Executive Secretary of the California Social Hygiene Association, with headquarters at 45 Second Street, San Francisco. The program is aimed at the development of state-wide activities among the voluntary groups in California.

Standard Immunization Procedures.—In the May 2nd issue of the Weekly Bulletin of the California State Health Department appears an excellent tabulation of immunization procedures now recognized as of value in this State. The outline is divided into 4 columns with the following titles: biologic, method of administration, expected duration of immunity and comments.

The conditions for which protective inoculations are available include cholera, diphtheria, measles, plague, rabies, rocky mountain spotted fever, scarlet fever, smallpox, tetanus, typhoid fever, typhus fever, whooping cough, yellow fever, diphtheria-tetanus combined and diphtheria-whooping cough combined.

Every health officer, physician, hospital, nurse and public health worker should be acquainted with this outline. According to the announcement in the State Bulletin, (Address: 603 Phelan Bldg, San Francisco; and State Office Bldg, 217 W. First Street, Los Angeles) these outlines are available at no cost to physicians, health officers and nurses.

It is to be understood, however, that the ultimate decision as to the desirability of being immunized for any of the above mentioned diseases must rest with a physician. In this connection, the wise doctor will utilize the consultative services of the health authorities in questionable cases.

Venereal Disease Control: U.S.P.H.S.—The Division of Venereal Diseases of the USPHS has developed and put into motion a type of coöperative assistance project with the State departments of health which provides for Federal Civil Service appointments "for the duration of the war" of individuals, who lacking formal education or the desired experience, have proved that they can take over certain tasks in the VD control program which prior to this time have been performed for the most part by professional staffs.

These assistance coöperative projects have been set up in California, Nebraska, Nevada, Oregon, Florida, Louisiana, and the District of Columbia. They are designed to assist the State health department in their VD control program especially as it relates to the follow-up of the selectees and their contacts.

Physician Orchestras.— In last month's issue of CALIFORNIA AND WESTERN MEDICINE (page 306) reference was made to the entertainment furnished by the orchestra of Dr. Lloyd Kindall of Oakland. In other component county societies, similar organizations exist. The following, an excerpt from an editorial in the May issue of the *New York State Journal of Medicine*—will be appreciated by physicians who are lovers of music:

The Doctors' Orchestra.—This *Journal* conveys to the leader, Fritz Mahler, and to the several members of the Doctors' Orchestra for their exceptionally fine concert at the Annual Banquet on Tuesday evening, April 28, the appreciation of the Medical Society of the State of New York and of its distinguished guests.

The amazement expressed by Major General Lewis B. Hershey, in his address, that so many physicians could be found who would all consent to play the same piece of music at the same time is as nothing compared to ours that they should have done so with the finished skill and sympathetic interpretation which they exhibited. . . . Medicine and music are inseparable. The physicians of the State of New York should be proud to have such an organization as the Doctors' Orchestra to represent them. We feel certain that the spirit of Borodin, of Bach, and the incomparable Peter Ilyitch will bless the devoted labors of this organization. . . .

Release of Japanese Evacuees from Hospitals.—A communication has just been received by Doctor George M. Uhl, Los Angeles City Health Officer, from the United States Public Health Service regarding the discharge and disposition of Japanese who have been hospitalized at the time of evacuation.

Doctor Uhl has been requested to "inform all hospitals in which Japanese patients have been placed that to expedite discharge of patients the hospital should notify the County Public Welfare Department of the pending discharge two days in advance where possible."

Upon being so notified the Los Angeles City Welfare Department will advise the Public Assistance Representative of the nearest Wartime Civil Control Administration Office. Steps will be taken to assist these evacuees to the Assembly Center to which other Japanese members of their community have been evacuated.

This procedure will probably remain in effect until June 30, 1942 according to the Wartime Civil Control Administration.

International College of Surgeons: National Assembly.—The United States Assembly of the International College of Surgeons meets in a four-day session in Denver, Colorado, July 15-18. Headquarters and main assembly will be at the Shirley-Savoy Hotel. This meeting is open to all physicians and surgeons in good standing in their State Medical Society. It has purposely been opened to this large group that this organization might play its part in the National Defense Program. Panel discussions on all aspects of surgery will be held synchronous with the main assembly at the Brown-Palace and Cosmopolitan Hotels. Operative clinics will be held at all of the Denver Hospitals Saturday morning on July 18. For information, address Dr. J. R. Jaeger, 502 Republic Building, Denver, Colorado.

California Doctor Appointed to Red Cross Medical Committee.—Dr. K. F. Meyer, professor of bacteriology at the University of California, has been appointed to the Medical and Health Advisory Committee of the American Red Cross, Chairman Norman H. Davis announced today.

Dr. Meyer, who was born in Switzerland in 1884, is also director of the Hooper Foundation for Medical Research, consultant to the California State Department of Health and director of the Curricula of Public Health of the University of California.

He is a member of the National Advisory Health Council of the National Institute of Health of the United States Public Health Service and of many other scientific societies.

Syphilis and Selective Service.—Preliminary reports on the examination of California Selectees with a positive blood test for syphilis, indicate that half of those finally diagnosed syphilitic had not had previous treatment for this condition and most of them had not suspected it.

Of 3,132 syphilitics, 1,494 were previously known cases, while 1,566 were first discovered by the Selective Service examination. In 72 instances no statement was made. This confirms the statement made early in the modern campaign against syphilis by the Surgeon General that for every known case of syphilis there exists an undiscovered case.

Since the newly discovered syphilis infections are in young persons, it is good preventive medicine and good public health practice to bring them under treatment. By so doing those which might be infectious promptly become non-infectious, and in all cases the probability of serious late manifestations of the disease is greatly reduced.

Approximately one-third of the California Selectees with positive blood tests have been Los Angeles registrants and are being followed up by this health department to determine the need for treatment. Cases not under medical supervision are referred to private doctors or to clinics, according to their circumstances, for medical study and appropriate treatment.

American Red Cross Sends Drugs, Medical Supplies to Russia.—Drugs, medical supplies and clothing valued at more than $3,500,000 have been sent to the U.S.S.R. by the American Red Cross in recent months, it has been announced. Additional shipments are now being prepared, and it is anticipated that the amount of relief furnished will be approximately doubled within the near future.

Included among the drugs were 1,000,000 sulfapyridine, 4,000,000 sulfanilamide, and 1,500,000 quinine tablets, as well as 1,000 pounds of iodine. Among hospital supplies were 1,000,000 hypodermic needles, 200,000 hot water bags, 295,000 pairs of surgical gloves, 20,000 tourniquets, 60,000 syringes, 850,000 forceps, 100,000 rolls of adhesive plaster, 36,000 two- and three-inch bandages, and x-ray equipment valued at $270,000. Shipments have also included 2,626,000 pounds of laundry and toilet soap, while 100 tons of surgeon's green soap are to be forwarded shortly.

Approximately 500,000 garments for men, women, and children, in addition to shoes and blankets, have also been sent to Russia. Additional shipments of a like amount of garments are now being prepared.

The list of medical supplies needed in Russia was drawn up in conferences between representatives of the Union of Red Cross and Red Crescent Societies and members of the Amrican Red Cross and the British Red Cross who accompanied the official governmental missions of Great Britain and the United States to the U.S.S.R. last fall.

Medical Exhibits at the University of California Medical Center Library, Third and Parnassus Avenues, San Francisco.—Mrs. Frances Tomlinson Gardner, custodian of the State Medical Library Collections at the University of California Medical Center, has arranged several interesting exhibits recently in the Crummer Room for the History of Medicine, and in the halls of the Medical School Building. A comprehensive exhibit was made of material relating to Crawford W. Long (1815-1878), who first used ether successfully in a surgical operation 100 years ago in Athens, Georgia on March 30, 1842.

Another containing many books, pictures and specimens, deals with the development of the treatment of war wounds. Items included relate to Ambrose Paré (1510-1590), Paracelsus (1493-1540), John Hunter (1728-1793), Baron Larrey (1766-1842), surgeon-in-chief to Napoleon's Grand Army, and such American military surgeons as W. W. Keen and Nicholas Senn.

Members of the California Medical Association are cordially invited to avail themselves of the Library's facilities.

Annual Session Drawing for Technical Exhibit Prizes.—More than 200 physicians entered the contest for three valuable prizes offered for those who visited the commercial exhibits. Contest rules called for the physician to visit 32 of the 40 exhibits in order to qualify for the prize drawing at the recent C. M. A. session.

First prize, an RCA Victor radio set, was awarded to Doctor H. A. Zide, a member of the Los Angeles County Medical Association, now stationed at Fort Ord.

Second prize, a streamlined fountain pen desk set which accommodates the new quick-drying ink, went to Doctor J. Emmet Clark of Oakland. Third prize, an electric desk clock, was awarded to Doctor E. H. Christopherson of San Diego.

The congratulations and thanks of the technical exhibitors are extended to the winners and also to all those physicians who participated in the contest. Although there were only three prize winners the contest was made possible only by the coöperation of the 200 participating physicians. The contest was pronounced a decided success by the exhibitors, and it is hoped that it may be continued from year to year as a means of drawing attention to the technical exhibits and giving the exhibitors a chance to secure a better cross-section attendance of the physicians at the annual meeting.

Pediatric Session on Health Education.—A "Program on Health Education," sponsored by the American Academy of Pediatrics and San Francisco Affiliates, was held in the Veteran's Auditorium, San Francisco, on May 15-16.

The program was arranged in coöperation with: San Francisco Board of Health; San Francisco Board of Education; San Francisco Parochial Schools; San Francisco Private Schools; San Francisco Department of Recreation; San Francisco Juvenile Court; Mental Hygiene Society of Northern California; San Francisco Parent Teachers' Association; and Community Chest of San Francisco.

The meetings were open to the public since the program was a community coöperative project.

Luncheon for the attending physicians was held on Saturday, May 16, at the Whitcomb Hotel.

The officers and committees of the American Academy of Pediatrics, and its San Francisco Affiliates, follow:

President, Dr. Lee Cohn; Vice-President, Dr. Edith M. Meyers; Secretary-Treasurer, Dr. John J. Miller, Jr.; Executive Committee, Dr. Crawford Bost, Dr. W. Palmer Lucas, Dr. John J. Miller, Jr., Dr. James C. Parrott; Finance and Hall Committee, Dr. Crawford Bost, Dr. Edward B. Shaw; Entertainment Committee, Dr. John M. Rector, Dr. James C. Parrott; Scientific Exhibition Committee, Dr. William C. Deamer, Dr. John J. Miller, Jr.; Program and Publicity Committee, Dr. Huldah E. Thelander, Dr. W. Palmer Lucas.

The meetings received excellent press publicity.

The American Congress of Physical Therapy.—This organization will hold its twenty-first annual scientific and clinical session September 9, 10, 11 and 12, 1942 inclusive, at the Hotel William Penn, Pittsburgh, Pa. The annual instruction course will be held from 8:00 to 10:30 a.m., and from 1:00 to 2 p.m. during the days of September 9, 10 and 11 and will include a round table discussion group from 9:00 to 10:30 a.m., Thursday, September 10. The scientific and clinical sessions will be given on the remaining portions of these days and Saturday morning. For information concerning the seminar and program of the convention proper, address the American Congress of Physical Therapy, 30 North Michigan Avenue, Chicago, Illinois.

National Formulary VII Available May 22.—Completely revised and considerably enlarged, the Seventh Edition of the National Formulary, published by the American Pharmaceutical Association, will go on sale May 22 at six dollars a copy. The Mack Printing Company, of Easton, Pennsylvania, are exclusive agents for this Edition.

Pharmacists are urged to obtain their copies of the new Edition and to keep their prescription departments in step with the National Formulary program in order that they may promptly make available to the physicians they serve the best in pharmaceutical service that the profession has to offer.

Board of Medical Examiners of State of California.—A recent press item gave the following information concerning members of the Board of Medical Examiners of the State of California:

Cerf, Alvin E. (San Francisco), Commission dated Feb. 2, 1940, expiration date, Jan. 15, 1944;

Dolman, Percival (San Francisco), Commission dated March 23, 1942, expiration date, Jan. 15, 1946;

DeLappe, Fred R. (Modesto), Commission dated April 5, 1939, expiration date, Jan. 15, 1943;

Gummess, Karl C. (Los Angeles), Commission dated Feb. 17, 1941, expiration date, Jan. 15, 1945;

Kersten, Hugo M. (Los Angeles), Commission dated Nov. 12, 1940, expiration date, Jan. 15, 1944;

McGregor, Ebon B. (San Diego), Commission dated March 23, 1942, expiration date, Jan. 15, 1946;

Pinkham, Chas. B. (San Francisco), Commission dated Nov. 12, 1940, expiration date, Jan. 15, 1944;

Scatena, F. N. (Sacramento), Commission dated March 14, 1941, expiration date, Jan. 15, 1945;

Swim, William A. (Los Angeles), Commission dated Nov. 2, 1939, expiration date, Jan. 15, 1943;

Thomason, George (Los Angeles), Commission dated March 23, 1942, expiration date, Jan. 15, 1946.

New Regulations of National Board Applying to Foreign Graduates.—At the meeting of the Executive Committee of the National Board of Medical Examiners, held on February 15, the following resolution was adopted:

Resolved, that beginning February 15, the National Board of Medical Examiners will not accept applications for admission to its examinations from graduates of any medical school in continental Europe or from graduates of the extramural schools of Scotland and Ireland.

This action does not apply to graduates of university schools in the British Isles or to those candidates who had registered before February 15.—*Connecticut State Medical Journal.*

Haystack Medicine Used to Prevent Blood Clots.—Dicoumarin, a medicine literally discovered in American haystacks, in its first year of use is already saving lives of people threatened with blood clots and with the pneumonia which happens after surgical operations.

The pioneer work was reported to the American College of Physicians today by several physicians including Dr. Edgar V. Allen and Dr. Neelson W. Barker of the Mayo Clinic and the University of Minnesota.

Haystacks, unsuspected by scientists, have been manufacturing this dangerous but lifesaving drug for countless centuries. It is a product of chemical changes occurring when sweet clover spoils during faulty curing. It makes blood so watery as to leak out of veins. When this happens the clover kills livestock.

It took nineteen years to learn all this, and a veterinarian first started the work, but the main credit goes to Prof. Karl Paul Link, Wisconsin Agricultural Experiment Station. He found dicoumarin and a year ago chemists synthesized it in crystalline form for medical use.

Dicoumarin does nothing to clots after they have formed. But it seems able to prevent them under all circumstances. Clots in lungs are often fatal, and when a person has survived one, Doctor Allen said, others are

likely. However, not a person given dicoumarin at the Mayo Clinic has yet developed a second clot.

The drug is also useful to prevent clots in the calves of the leg, the main base where they are made and whence they move around the body to cause sudden death.

After surgery one of the unconquered risks has been postoperative pneumonia. In the cases reported today dicoumarin is credited with completely preventing this pneumonia.

The dicoumarin to save a life is expected to be cheap, probably $1 to $1.50 a day being enough. Heparin, another new drug which also thins blood the same way Doctor Allen said, costs ten times as much.

Dr. Irving S. Wright, New York City, told of dangers from dicoumarin. He said blood may escape from the veins so freely that it fills pouches of other kinds of tissue, and one of these pouches may get as big as a football.—Howard W. Blakeslee in San Francisco *Examiner*, April 25.

Pharmacological Items of Potential Interest to Clicians (From the U. C. Pharmacologic Department):

1. *Medical Management of War Gas Injuries*: Judging from *Lancet* notes, English know value of 3 to 5 per cent sol. sodium hypochlorite (Clorox, Purex, Sani-Chlor, etc.) for prompt application to exposed skin in suspected contact with blister agents (mustard gas, lewisite, or relatives). This is fully confirmed by T. D. Stewart's work on scores of human subjects in Berkley. For civilians obeying air-raid rules, exposure likely only from direct bomb hits or sprays through broken windows or walls. Here best procedure is immediate washing of eyes, nose, throat with sol. of teaspoon baking soda in glass of water and *prompt soaping of exposed skin.* Daubing, even most carefully with *kerosene* or other oil solvents is *dangerous,* in our experience. For phosphorus burns E. W. Godding and H. E. F. Notton *(Brit. Med. J.,* 1:433, Apr. 4, 1942) recommend copious water and application of mixture of 10 per cent magnesium oxide, 5 per cent borax, 85 per cent $NaHCO_3$, to make paste to be removed and applied again. Follow with dressing of 20 per cent copper sulfate, 70 per cent glycerine, 5 per cent starch, 5 per cent water. They advise against coagulation treatment of such burns, suggesting sodium hypochlorite irrigation.

2. *Wounds and Trauma*: R. L. Noble and J. B. Collip *(Quart. J. Exp. Physiol.,* 31:187-209, 1942) find evidence for production of toxic substance in traumatic shock, associated with tissue anoxia, capable of producing death quickly, regardless of hemoconcentration; adrenal cortical extract helpful in all phases of traumatic shock. H. G. Holder and E. M. MacKay *(Mil. Surg.,* 90:509, 1942) find 10 per cent urea added to sulfanilamide aids in wound therapy by digesting necrotic tissue. F. Proescher (San Jose) finds urea disulfanilamide useful in same respect. M. Olson et al. *(Proc. Soc. Exper. Biol. Med.,* 49:396, 1942) find 40 per cent urea in sulfanilamide greatly promotes rate and extent of granulation. These confirm ideas of C. Gurchot and E. McCawley *(Univ. Calif. Pub. Pharmacol.,* 1:301, 1940) on mechanism of urea in healing of wounds. Merk & Co. issue excellent brochure on *Treatment of War Injuries.* OCD and Red Cross Manuals need thorough revision.

3. *New Books*: E. C. Padgett's *Skin Grafting* (C. C. Thomas, Springfield, Ill., 1942) has excellent illustrations. A. Mueller-Deham and S. M. Rabson's *Internal Medicine in Old Age* (Williams & Wilkins, Balt., 1942) is well documented. Z. T. Wirtschafter and M. Korenberg's *Diabetes Mellitus* (Williams and Wilkins, Balt., 1942) is briefly comprehensive. A Bialock's *Principles of Surgical Care: Shock and Other Problems* (C. V. Mosby, St. Louis, 1942) is physiologically sound. F. W. Jones' *Principles of Anatomy as Seen in the Hand* (2nd Ed., Williams Wood, Balt., 1942) is a honey.

4. *Eyetems*: H. McIlwain *(Lancet,* 1:412, Apr. 4, 1942) reviews evidence of competitive interference of sulonamides with enzyme systems necessary for bacterial growth and for acriflavine combinations with enzyme systems. B. A. Houssay, V. G. Foglia, F. S. Smyth, C. T. Rietti and A. B. Houssay *(J. Exp. Med.,* 75:547, 1942) in surveying relation of hypophysis to insulin secretion show that anterior pituitary hormone unnecessary for insulin maintenance, but that it reduces insulin secretion by damaging B cells. A. White, R. W. Bonsnes and C. N. H. Long *(J. Biol. Chem.,* 143:447, 1942) following W. R. Lyons' procedure *(Proc. Soc. Exp. Biol. Med.,* 35:645, 1937) really crystallize protein prolactin. H. L. Andrews *(Phyches. Med.,* 3:399, 1941) finds morphine addiction characterized by high alpha output of brain potentials. S. P'an of Peking *(Proc. Soc. Exp. Biol. Med.,* 49:384, 1941) recommends sulfadiazine locally in the eye for ocular infections of conjunctiva and cornea; N1-nicotinylsulfanilamide, like sulfanilamide, reaches effective concentrations in all parts of eye except vitreous humor. E. F. Stohlman and M. I. Smith *(Ibid.,* p. 432) note that fasting or acid-producing diet favors absorption and retention of sulfanilamide. L. Pauling and D. H. Campbell *(Science,* 95:440, Apr. 24, 1942) apply serological theory *(J. Am. Chem. Soc.,* 62:2643, 1940) to antibody production. *In Vitro*: Globulin is denatured by slow cold in presence of antigen, the protein molecule unfolding and then refolding in configuration complimentary to that of antigen.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

S. F. Medical Society to Aid Doctors in Service

Fund Will Assist Physicians to Start Practice Again After War

A special fund to assist doctors now in the military services to resume practice after the war has been set up by the San Francisco County Medical Society, the society announced yesterday.

The fund, to be created by voluntary contributions, is believed to be the first of its kind ever established by organized medicine.

Approval Voted

Following approval of the plan by more than two-thirds of the society's members, the directors informed members that "a contribution of $10 a month would be small in proportion to the financial sacrifices made by members in service, especially since there will probably be an increase in the earnings of many who stay at home."

Another Plan

The society is considering plans of using the fund to assist returning physicians in reëstablishing their practices. In some cases, the fund might be used to assist families of members in service.

Further, society is encouraging physicians to maintain the income of partners or associates who are in service, to allocate to accounts of those in service some percentage of fees collected from the patients of those physicians. —San Francisco *Examiner,* May 22.

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Hospital Service of Southern California

R. E. Heerman today was the new president of the Hospital Service of Southern California, it was announced. Other newly-elected officers include William H. Kiger, M. D., Vice-president; Howard Burrell, secretary, and Edward M. Pallette, M. D., treasurer.

Neil Petree, Glenn E. Myers, M. D., and Monsignor Thomas J. O'Dwyer, together with the officers, will constitute the executive committee for the coming year.

John Anson Ford, Frank Payne, Jerome W. Shilling, M. D., William R. Molony Sr., M. D., of Los Angeles and Kenneth W. Watters, Jr., of Santa Barbara, were inducted into office as directors of the group.

Hospital Service of Southern California is a nonprofit group organized several years ago by leading hospitals in this area to offer southern California workers and their families a coöperative plan of meeting the costs of unexpected illness or injury in advance of need. It is one of 71 similar coöperative groups throughout the United States with a membership in excess of 9,000,000 operating under the Blue Cross plan sponsored by the American Hospital Association.—Los Angeles *Herald and Express,* May 2.

San Mateo Dedicates Blood Bank for County

San Mateo County dedicated its new blood bank yesterday.

Sponsored by labor originally and then indorsed by the San Mateo County Medical Society, the new blood bank was constructed largely by members of the San Mateo County Building Trades Council at 25 South El Maino Real in San Mateo.

The land was donated jointly by the San Mateo Junior College, Mills Memorial Hospital and St. Matthews Episcopal Church.—San Francisco *Examiner,* May 24.

The Doctor Shortage

The gradual withdrawal of physicians from civilian practice into the military service means that a shortage of medical help for the home population is developing. This in turn will mean revision of our customary procedures in time of sickness.

People must get accustomed to the idea that they may not always be able to secure the services of their favorite physicians. All except those physically unable to do so must go to the doctor, rather than have him come to them. A great saving of his time will thus be effected, and his services will be available to more people.

And those "sufferers" from imaginary ills, those hypochondriacs who send for the doctor because of the thrill they get from a medical call, should retire from their favorite rôles for the duration.— Redwood City *Tribune*, April 20.

Doctors Face the Supreme Test

"The physicians of the United States face a task of historic importance," said Surgeon General Thomas Parran recently.

"This is total war; the civilian is at the front with the soldier. Civilian health and strength are as essential to victory as the medical care of our armed forces. Complete coöperation on the part of medical men throughout the country is the first requirement. By full use of every qualified doctor's ability, I am confident that the American medical profession again will meet effectively the supreme test. Public health takes on a new urgency. Heretofore we have sought health primarily for its value to the individual. Now we must attain it for the nation's security."

The fact that many thousands of doctors are being called into military service means that all remaining doctors must work harder. All our medical facilities must be employed with maximum effectiveness. And no one who knows the history of American medicine doubts that this will be done. We have had "private enterprise" in the field of medicine, precisely as we have had it in all other fields of endeavor. Under that system, every doctor can go as far as his abilities and energies permit. He isn't regimented and stultified, as are doctors where socialized medicine exists. He isn't a pawn of politicians. And here in America, medical progress has been nothing short of astounding. A long list of once-dreaded bacterial killers have been brought under control. Such scourages as tuberculosis are being gradually conquered. And we Americans live healthier, longer, happier lives.

War, as Dr. Parran said, brings the "supreme test" to the men of medicine. They are ready for that test. It is to them a challenge which will result in new and greater achievement. And all the nation will reap the benefits.— Sacramento *Shopping News*, May 8.

Medical Care Needed

The U. S. Department of Agriculture reports that only four out of every one hundred low-income farm people are in first-rate physical condition.—Hollister *Farm Monthly*, April.

Doctors, Dentists, Lawyers of County Arrange for Outing

Fresno district doctors, dentists and lawyers will combine business and pleasure when they meet at the Fort Washington Golf Club Wednesday for their annual dinner and golf tournament. The golf competition is slated to start at 1 p.m., and the dinner is set for 7 p.m.

Dr. Chauncey Leake of the University of California School of Medicine will be the guest speaker at the evening session. He will talk on War Gases.

The golf tournament, in keeping with an annual custom started more than twenty years ago, is jointly sponsored by the Fresno County Medical Society and the Fresno Couny Bar Association. This marks the first year the affair has been held at the Fort Washington Club.

Prizes for blind bogey, low gross and low net scores will be awarded.

Dr. L. G. Price of Fresno is general chairman arranging the affair.—Fresno *Bee*, May 17.

Dr. DeLappe is Named Head of Board of Medical Examiners

Dr. Fred R. DeLappe of Modesto was elected president of the state board of medical examiners, meeting in San Francisco yesterday.

Dr. DeLappe has been a member of the board for ten years, serving under three governors, the late James Rolph, Frank Merriam and Culbert Olson.—Modesto *Bee*, April 30.

Physicians Ask County Aid for Medical Library

A request for assistance in establishing and maintaining a county medical library was presented to the Fresno County Board of Supervisors late yesterday by a delegation from the county medical society.

Dr. L. R. Nielsen, President of the society, said that Burnett Sanitarium will provide two large rooms in the former M. M. Dearing home at Fresno and S Streets for the library. He said the sanitarium will supply utility services.

He asked for the county to provide a librarian and some financial assistance for the purchase of books and periodicals. He said the librarian'ss salary probably would be about $100 a month and the needed financial assistance would amount to approximately $300.

Miss Sarah E. McCardle, county librarian, said today medical material now in the county free library will be turned over to the medical library.

The Dearing home has been reserved for emergency hospital use since the attack on Pearl Harbor.—Fresno *Bee*, May 9.

Hospital Day

More than a million dollars worth of free service is contributed annually by San Francisco doctors, the County Medical Society pointed out yesterday in calling attention to the designation of May 12 as Hospital Day.

"It is this volume of gratuitous service, gladly given," said the society in its official bulletin," that makes hospitals and clinics of San Francisco living institutions for the care of the sick."—San Francisco *Examiner*, May 4.

Imposter Discovered in Chico Hospital Posing as Army Doctor

Chico, May 27. (AP).—An exconvict who never studied at a medical school, for two months has been assistant chief surgeon of the largest hospital in this section of California and successfully performed a series of major operations.

Today he pleaded guilty to a charge of practicing medicine without a license, and then was charged with having concealed weapons in violation of the State gun law.

He is Arthur Osborne Phillips, 47, alias Dr. James Herman Phillips, who had fooled doctors and patients alike. He had served eight jail and penitentiary terms, but never set foot inside a medical school.

Phillips will be sentenced tomorrow for falsely posing as a doctor, and is to be arranged June 10 on the charge of carrying concealed weapons. He is held in lieu of $5000 bail. He was caught when it was noticed he signed prescriptions with his initials instead of his full name as required by California law.

Joseph W. Williams, special agent for the State Board of Medical Examiners, said Arthur Osborne Phillips, 47, alias Dr. James Herman Phillips, signed a 14-page statement admitting that he had served eight prison and jail terms and practiced medicine in four States

Williams said Phillips, a stocky man with thinning hair, a square mustache and a convincing medical manner. completely fooled his patient, his superior, most of the doctors in Chico, and Army officers with whom he went fishing.

Phillips invariably wore a military uniform with the insignia of the Medical Corps. and sometimes a Captain's bars on his shoulders.

His operations included appendectomies, tonsilectomies and other abdominal surgery, all of them apparently successful.

"How he was able to perform them all successfully is what has us all baffled," Williams said. "Apparently his only medical training was working penitentiary hospitals, where he may have watched surgeons operate."

Phillips' advanced schooling, according to his own story, included only brief studies at night in bacteriology and biology at the Univerity of Buffalo and a correspondence course of farming and home economics. California requires four years of study in medical school and a year of internship at a recognized hospital.

Phillips' medical schooling came out of medical books and prison terms at Atlanta Federal penitentiary, where he was sent twice for narcotics violation; Alabama State prison at Montgomery for practicing medicine without a license; 18 months in the Maryland penitentiary, three years in Idaho State prison for posing as a physician. He also served terms at the Tombs, New York, and the county jails at Baltimore, Md., and Pittsburgh, Pa. Sentences included terms for writing worthless checks

and narcotics violations.

Williams said that since Phillips was released from Idaho State penitentiary, where he was sent for practicing medicine in Boise, Ida., he established himself at Gerber, Mont., as an eye, ear, nose and throat specialist and then came to California six months ago.

The investigator said Phillips got a $3500-a-year job with the CCC camp at Brush creek.

He left the CCC camp two months ago to work as chief assistant to Dr. N. T. Enloe, operator of the Enloe Hospital in Chico.—San Francisco *Chronicle*, May 28.

Sustains Sterilization*

The Oklahoma Supreme Court has upheld the constitutionality of the habitual criminal sterilization law. The Oklahoma Legislature enacted this law after a study of statistics, scientific works and information which convinced them that habitual criminals are more likely than not to beget children of like criminal tendencies who are apt to become a burden on society, and who may beget other criminals.

It is further pointed out that criminals cannot furnish a good environment in which to rear children. The Mexican Government has contemplated enacting a law providing for the sterilization of alcoholics for the reason that alcoholic parents cannot provide a proper environment in which to rear children. This is an important fact for the environmentalist to remember, for the most important environment in which to rear children is the home, and a home in which alcoholism or criminality exist is a poor home in which to rear children.

This also applies to any other form of degeneracy, for insane people, as well as the feeble minded, cannot produce the proper environment for children, and the feeble minded are the ones who are prolific in reproducing their kind.—Sacramento *Bee*, April 30.

All Teachers in County to Take T. B. Examination

Over 400 Merced county teachers will be required to submit medical certificates attesting that they are free from active tuberculosis, according to resolution passed by the Merced County Board of Education.

The resolution is in conformance with the statute passed in the 1941 state legislature which requires clean bills of health for all teachers. The law also applies to any school employees who come into contact with school children and is a step toward the Public Health Department's health for all school children program.

Arrangements have been made through Dr. Wm. Fountain, county health officer and Dr. J. M. Sanders of the Ahwahnee sanitarium for a fluoroscopic examination of Merced county teachers.—Medced *Sun-Star*, May 4

Hospitals' Insane Population Grows

Sacramento, May 13.—(AP).—California's seven hospitals for the insane ended the month of April with a total of six more inmates than recorded at the end of March, Dr. Aaron J. Rosanoff, State Director of Institutions, announced today. During April, 1941, an increase of 81 inmates was reported. Hospital population as of May 1, this year, was 23,654.—Los Angeles *Times*, May 14.

First Lady Warns Capital on Health

Fears Repitition of Influenza Epidemic

Buffalo (N.Y.) May 13.—(AP).—Mrs. Franklin D. Roosevelt said tonight all conditions are present in Washington now for a repetition of the 1918-19 influenza epidemic and similar conditions can develop in any rapidly growing industrial center.

Mrs. Roosevelt, speaking on housing and home ownership, listed conditions which might produce such an epidemic as overcrowding, difficulty in obtaining proper food, lack of recreational facilities and lack of proper medical care.—Los Angeles *Times*, May 14.

Doctors Okeh 50-Hour Week

Cincinnati. (AP).—A group of industrial physicians, most of them supervising health of workers in defense factories, recommended yesterday a standard work week of 50 hours.

"Purely from a production standpoint and without regard to any of the real or artificial demands of labor or capital, it has been found that a 50-hour week and not more than 58 hours is the prime operating time of workers," members of the American Association of Industrial Physicians and the American Industrial Hygiene association declared at their annual meeting.

"We can not today afford to lose a single rifle or cartridge in our defense production movement, which means that every man and woman on a defense job—and I'd rather call them offense jobs—must be rested and ready for the job," Dr. Daniel Lynch said.—Sacramento *Union*, April 15.

Kenny Plan For Paralysis

Chicago, April 23. (INS).—The American Medical Association, which was cautious at first, called for full speed ahead today in the use of a home made treatment which promises to prevent most of the deformities resulting from infantile paralysis.

The A. M. A.'s official journal, guide book of medicine throughout the country, gave prominence to two articles lauding the simple methods developed by Miss Elizabeth Kenny in backwoods Australia, far from the halls of recognized science, to combat the world's worst scourge of children.

Deformity Overcome

Miss Kenny, past 50, came to America two years ago in an effort to convince skeptical physicians that her hand methods of treating infantile paralysis were better than the fancy serums for which research experts ransacked every corner of the earth.

The position taken by the Medical Association represented a complete triumph for Miss Kenny's American project. The Journal stated in a foreword to an article by Dr. John F. Pohl of Minneapolis that paralysis deformities had been "outlawed" by Miss Kenny.

"Her methods should be immediately adopted as the fundamental treatment of the disease," Dr. Pohl stated. "The tremendous and far-reaching advantages of her methods make it imperative that the work of Miss Kenny be made generally known to the physicians of America as quickly as possible."

Hot Packs, Rubbing

Miss Kenny's treatment, simplicity itself, consists of hot packs and what is called "passive exercise," often mistaken for massage, but in reality the exercising of an affected muscle for the patient, while he remains relaxed. She uses no braces, splints or casts.

For the last eighteen months, she has been demonstrating the effectiveness of her treatment on twenty-six patients under her care at Minneapolis General Hospital. The twenty-six patients were in the acute and sub-acute stages of the disease when given over to her care, and Dr. Pohl reported without qualification:

"It can now be stated that these patients have all made a far more satisfactory recovery than they would have made by any previously known method. No deformities have occurred, in spite of the complete omission of splinting."—San Francisco *Call-Bulletin*, April 23.

New Babies Called Material for War

Physician Explains Plea for Automobile

Anniston (Ala.) April 7.—(AP).—A physician applying to the rationing board here for a permit to buy a new automobile was asked if he was "engaged in the production of war materials."

This was his answer:

"During the month of March, 1942, I attended the birth of 31 babies and had to miss several more because of my inability to get to them. I will average above 20 a month throughout the year and this practice alone necessitates the use of a new automobile as these cases must be attended to immediately when I am called.

"I believe this would come under war materials, maybe not for this war, but for the next one."—Los Angeles *Times*, April 8.

33 Counties File Petitions On Initiative

Deputy Secretary of State Charles J. Hagerty announced today thirty-three counties have filed petitions in efforts to qualify the so-called basic science initiative measure for a place on the November general election ballot.

The petitions, however, carry only 14,453 signatures and the requirement is 212,117 to place an initiative before the voters.

The proposal would set up a new state agency to be

* In a decision subsequently handed down by the Supreme Court of the United States, the decision of the Oklahoma Supreme Court was reversed.

called the board of basic sciences. Would be practitioners of the healing arts would have to obtain certificates from this board before applying to the examining boards in medicine, osteopathy, etc., for state licenses.

The twenty-five counties yet to be heard from include Los Angeles, San Francisco, Sacramento, Alameda and most of the other population centers.

The deadline for filing initiative petitions with county clerks or registrars of voters is June 5th.—Sacramento *Bee*, April 14.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

Liability of Physicians and Surgeons for Malpractice While in Military Service

As a practical matter, it is very unlikely that a physician or surgeon in the armed forces of the United States will ever be subjected to a suit for malpractice by military patients to whom he has rendered medical services in the course of discharging his duties as a member of the Army or Navy Medical Corps. The possibility of an enlisted man commencing a court action against an officer for malpractice while he is still in service is negligible, and the writer is not aware of any case which has involved such a state of facts. Because, however, the writer has received inquiries as to the legal status of a physician or surgeon after he has entered the Army or Navy, the legal questions involved in such a situation will be considered briefly in this article.

The general rule is stated in *5 Corpus Juris* at page *364* that "persons belonging to the military service are not, by reason of their military character, relieved of their duties and liabilities or deprived of their rights as citizens." A person in military service has his civil remedies for any abuse of authority by his military superiors and there are a number of cases where actions have been brought by persons in the military service against their superiors and against persons acting under their direction or authority for torts, such as unauthorized arrest and imprisonment, assault, and other causes. The same rules of law are applied in determining liability for these intentional torts by persons in military service as are applied in the case of private individuals, and undoubtedly the same procedure would be followed in the case of an unintentional but negligent tort such as malpractice.

It has long been an established law that the fact that a physician or surgeon renders his services gratuitously does not absolve him from the duty to use reasonable and ordinary care, skill and diligence. And there are many instances where physicians or surgeons have been charged with liability for malpractice on account of services donated in the county hospitals and similar institutions.

All of the above would indicate that physicians serving in the Army, Navy or Marine Corps are subject to suit for alleged malpractice by any military or naval patient to the same extent and under the same conditions as a physician who is engaged in private practice and it is the opinion of the writer that such is the case.

Generally speaking, physicians who render professional services on behalf of a State or a County or Municipality are considered to be public officers and the rules of law applicable to public officers in general are applied to them in determining their rights and liabilities. The same would seem to be true of an officer in the Medical Corps of the Army or Navy and he would be subject to the following statement of the law contained in *Volume 21 of California Jurisprudence*, at *page 908:*

> "It is elementary that a public officer is liable to respond in damages to one specially injured by his neglect or refusal to perform or by his negligent performance of an official ministerial duty to the extent of such special injury, regardless of intentions, whether good or bad."

In other words, a physician or surgeon treating a military patient would be bound to exercise that degree of care and skill normally exercised by physicians and surgeons of good standing in similar situations.

In the event that a suit for malpractice were to be brought against a physician or surgeon in the armed forces, another situation would be presented where the agent of the Government might be held liable and compelled to respond in damages for his negligent acts but the Government itself would not be subject to suit under the principle of sovereign immunity and could not be compelled to satisfy any judgment which might be obtained against the physician or surgeon. The law applied to such a case in determining the rights and liabilities of the parties, i.e., the physician, the patient and the Federal Government, in the opinion of the writer, would be substantially the same as in the case of a patient negligently treated at a county hospital. The Courts there have uniformly held that neither the State, nor the County is liable for the malpractice of a physician or surgeon employed by the State or County but that the physician himself is liable in every respect in the same manner as a physician who is engaged in private practice and renders professional services to his own private patients.

Although, as stated above, the possibility of suit is slight, it might be well for physicians and surgeons entering the armed forces to investigate the terms of the policies of insurance which they carry, insuring them against loss through actions for malpractice, to determine whether the policy which they hold contains any clause excluding claims arising out of the war. It is the writer's present understanding that the malpractice insurance certificates which are concurrently issued in this State by some insurance companies do not contain any such clause and that they would, therefore, protect a physician in military service against malpractice actions by military personnel as completely as a physician in private practice.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

LETTERS†

Concerning Reports to State Board of Public Health.

State of California
DEPARTMENT OF PUBLIC HEALTH
San Francisco, May 20, 1942
638 Phelan Building

To the Editor:—Enclosed is a copy of an opinion given Dr. Brown by the Attorney General which may be of

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

interest to the readers of CALIFORNIA AND WESTERN MEDICINE.

Very truly yours,
MALCOLM H. MERRILL, M.D.,
Chief, Bureau of Venereal Disease.

* * *

(COPY)

STATE OF CALIFORNIA—LEGAL DEPARTMENT
Earl Warren, Attorney General
San Francisco, April 8, 1942.

Bertram P. Brown, M. D.,
Director of Public Health,
Phelan Building,
San Francisco, Calif.
Dear Sir:

In your request for my opinion of the propriety of requiring physicians attending at the death of an infant less than one month of age and signing a death certificate thereof to supply information in response to questions propounded in a certain questionnaire, you state that a certain physician has questioned the legality of supplying the information called for by question 21 thereof, which reads:

"21. Was a test for syphilis made?.....
Result .....
In what month of pregnancy was test made?.....
State treatment.....
In what month of pregnancy was treatment begun?.....
....."

The objecting physicians states that he fears he will incur liability by disclosing the information relating to the mother of the deceased infant because the disclosure in answering the quoted question violates section 2378 of the Business and Professions Code and his duty to his client.

The State Board of Public Health is authorized by the Health and Safety Code (Section 211) to request and collect the information called for by the quoted question.

Said code also makes it the duty of an attending physician to properly report to the health officer of the particular community of the State the name of the person, place of confinement and the nature of the disease when such person is afflicted with certain infectious, contagious or communicable diseases. See Health and Safety Code, sections 2573, 10200, 10400 and 10404.

It is further provided in sections 10675 and 10677 that any person who fails or refuses to furnish information in his possession and every person who is required to fill out a certificate of birth or death who fails, neglects or refuses to perform any of the duties required of him in that connection, is guilty of a misdemeanor.

Syphilis is a quarantinable disease (Health and Safety Code, section 2554) and is expressly made reportable as an infectious disease to the State Board of Public Health by section 2571 of the Health and Safety Code.

It is further provided in section 2573 of said Code that physicians "shall promptly report" visiting any place where any person is found suffering from infectious, contagious or communicable disease "together with the name of the person, if known, the place where he is confined, and the the nature of the disease, if known."

It thus appears that the purpose of the information is proper and that the law expressly requires the report of the physician's findings to the local health officer, and the latter in turn to the State Board of Public Health, at the time the physician made the examination referred to in the questionnaire. On the other hand, the only inhibition against giving such information is contained in the Business and Professions Code, section 2378, which prohibits the willful disclosure of a professional secret, and section 1881 of the code of Civil Procedure, which provides that a licensed physician shall not, without the consent of his patient, be examined in a civil action as to any information acquired while he is in attendance upon the patient, which information is necessary to enable him to prescribe or act for the patient.

It appears that aside from the statute, neither a physician nor a patient can claim the privilege of their relationship as a basis of refusing to disclose communications between them. See 28 R. C. L. 532; 70 C. J. 178.

The statutory provision prohibiting disclosure in a civil action and making it unprofessional conduct for a physician to disclose professional secrets, are general in their application, and should, under general principles, be controlled by the more specific provisions of the Health and Safety Code. Thus it is not that the furnishing of any such information would be the violation of the privilege imposed by the Code of Civil Procedure (Although the particular disclosure is not in a civil case) nor unprofessional conduct where the law expressly requires him to make the disclosure by a report to a public agency as directed by code. In other words, the specific provision of the law controls the more general one.

Doubtless the information obtained is not divulged by the public agencies in such manner as to identify, nor used in such a manner as to reflect upon or injure, the subject of the questionnaire.

It is therefore my opinion that a physician making a report as required in the described questionnaire must supply the information called for in question 21, which I have quoted.

Very truly yours,
EARL WARREN, *Attorney General.*
By /s/ J. ALBERT HUTCHINSON.
J. ALBERT HUTCHINSON, *Deputy.*

Concerning Vacancies in State Bureau of Laboratories.

(COPY)

CALIFORNIA STATE PERSONNEL BOARD
May 15, 1942.

To the Editor:—The California State Department of Public Health is in need of capable men to fill two important position in the Bureau of Laboratories.

The position of Chief has become vacant with the retirement of Dr. W. H. Kellogg after many years of distinguished service. The position of Assistant Chief has been recently established to help in the administration of the increased responsibilities of this Bureau. The California residence requirement for these positions has been waived and the positions are now open to any United State citizens who meet the entrance requirements.

We have enclosed a suggested article giving the details of the requirements for these positions and should appreciate having you mention these examinations in your publication.

We do not have any funds available in our budget for a paid advertisement. If you believe this announcement will be of interest to your readers we shall appreciate your publishing it in the communications sections.

Very truly yours,
WILLIAM K. SMITH,
Acting Executive Officer.

STATE PERSONNEL BOARD

1015 L Street, Sacramento

May 15, 1942

Sacramento, May — The California State Personnel Board has announced that applications will received from citizens throughout the United States for the position of Chief, Bureau of Laboratories, (entrance salary $360 a month) and Assistant Chief, Bureau of Laboratories, (entrance salary $320 a month) in the State Department of Public Health.

The requirements for the position of Chief are graduation from a college of medicine, five years' experience in a laboratory devoted to bacteriological and chemical work, and ability to obtain a medical certificate in the State of California.

The entrance requirements for the position of Assistant Chief are the equivalent of three years of graduate study in bacteriological science and two years' experience in a public health laboratory in a biologic producing laboratory, in an educational institution laboratory producing, testing, or analyzing biologics, or as a teacher of bacteriology in a university. Application forms and information may be obtained from the California State Personnel Board, 1015 L Street, Sacramento, California. Applications must be filed by June 30, 1942.

Concerning Attendance at Del Monte in Eye, Ear, Nose and Throat Section.

Los Angeles, May 11, 1942.

To the Committee on Scientific Work:

The meeting of the Eye and Ear Section of the State Medical Association was a grand success. I heard many favorable comments on the value of the papers read and universal praise for the new meeting place. . . .

This was the second largest registration the Section has had. In 1927 at the Los Angeles Biltmore, 145 registered and this year 132 registered. With twenty-three of the Section's members in the Army or Navy, from Southern California alone, this is quite a record. The daily attendance was good, 84 on Monday, 65 on Tuesday and 74 on Wednesday. . . .

With kindest regards, sincerely,

L. M.

Concerning Decontamination Stations.*

CALIFORNIA STATE COUNCIL OF DEFENSE
San Francisco, April 13, 1942.

George H. Kress, M.D., Editor,
California and Western Medicine.
Dear Doctor Kress:

May I ask you to give publicity to an error which has appeared in two of the publications of the Office of Civilian Defense and to the correction thereof.

760 Market St.

Sincerely yours,
MORTON R. GIBBONS, M.D.,
Deputy Chief,
Emergency Medical Service,
State Defense Council.

(COPY)

March 21, 1942.

Since publication of the Office of Civilian Defense handbooks, "First Aid in the Prevention and Treatment of Chemical Casualties" and "Protection Against Gas," further experiments have shown that the 2 per cent solution of hydrogen peroxide for the treatment of the eyes following Lewisite burns may cause injury. The recommendations of the Chemical Warfare Service now are that a single instillation of a 0.5 per cent solution of hydrogen peroxide or 0.5 per cent solution of potassium permanganate be used in the eyes a soon as possible after contamination with Lewisite. For skin decontamination 8 per cent hydrogen peroxide has been found satisfactory and stable. In planning decontamination stations, the Office of Civilian Defense now recommends that irrigation of eyes of contaminated persons be provided as soon as possible. The schematic sketch previously published shows eye irrigation in the dressing room whereas this should be provided in the shower room before the individual baths. Delay in this regard may cause serious results if the eyes have been contaminated with mustard or Lewisite.

Concerning Fraternal Delegate from Arizona State Medical Association.

THE ARIZONA STATE MEDICAL ASSOCIATION
Phoenix, Arizona

April 30, 1942.

Dear Doctor Kress:

The cordial invitation from the California Medical Association to send a fraternal delegate to your 71st annual session was duly received. We regret that we can only send our greetings to you this time, as we do not know of any one of our members who will find it possible to attend the Del Monte meeting.

We are busily preparing for our 51st annual meeting at which we expect to have the pleasure of having your President attend as the official representative of the California Medical Association. Our meeting will be May 25 to 29 at Prescott, Ariz. Since we will have Dr. Rogers, as stated, and four other of your members on our scientific program, we will not ask for appointment of any other fraternal delegates.

Trusting that you will have a profitable and pleasant meeting,

Arizona State Medical Association,
Sincerely,
W. WARNER WATKINS, M.D., *Secretary.*

Concerning Mis-use of Name of Dr. Morris Fishbein.

A recent newspaper advertisement by a San Francisco chiropractor played up the name of Dr. Fishbein in black face type, in a manner to lead the unsophisticated into believing that the chiropractor and Doctor Fishbein had close professional interests. The Editor of CALIFORNIA AND WESTERN MEDICINE sent the clipping to Doctor Fishbein, whose reply follows:

(COPY)

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street
Chicago

April 25, 1942.

Dear Doctor Kress:

I have written to every chiropractor who has been using my name, telling them my name is copyrighted and that they must not make reference to me. It is a pity that I have become so famous that they want to use my name in their advertising.

Sincerely yours,
MORRIS FISHBEIN.

Concerning 7th U. S. Infantry Band and C. M. A. Annual Session

(COPY)

HEADQUARTERS 1ST MEDICAL REGIMENT
Fort Ord, California

May 29, 1942.

My dear Dr. Kress:

Thank you very much for your kind letter. I have given the photograph (photograph of the 7th U .S. In-

tantry Band, taken on May 3d at Hotel Del Monte) to Colonel Robert Macon, 7th Infantry, now on this Post. I am sure he will appreciate it very much. He told me some time ago that the Band has reported to him they had been royally treated and that the 1st Medical Regiment and the California Medical Society were tops as far as they were concerned. We appreciate your thanks. Whatever we accomplished during the State Medical meeting was possible only because of the hearty coöperation of yourself, your associates and the hotel management. All of this made the job very easy and the duty very pleasant. . . .

Most sincerely,
HARRY H. TOWLER,
Colonel, Medical Corps,
Commanding.

Concerning Death Certificates.

CALIFORNIA FUNERAL DIRECTORS ASSOCIATION

Pasadena, April 20, 1942.

California Medical Association,
Room 2004,
450 Sutter Street,
San Francisco, California.
Gentlemen:

At the suggestion of Dr. William A. Swim, we are forwarding to you herewith 2 copies of our Bulletin 42-17, regarding "Tires and Death Certificates."

Although coöperation between physicians and morticians is always in order, it is of greater importance now that conservation of time, energy and tires is necessary in the interests of national defense.

May we have your coöperation in the publication of this bulletin or copy to the same effect, in the next issue of your journal?

Please be assured that you may count upon any cooperation we can render to the California Medical Association at any time.

P. O. Box 22.

Yours very sincerely,
J. WILFRED CORR.

(COPY)

To Members of the
California Funeral Directors Association.
Subject: Tires and Death Certificates.

The California law pertaining to Vital Statistics includes the following Sections of the California Health and Safety Code:

10400. The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased except in the following cases:
- (a) Where the attending physician is unable to state the cause of death.
- (b) Where death is the result of an accident.
- (c) Where a person has been killed or has committed suicide.
- (d) Where an injury is a contributing cause of death.
- (e) Where the death occurred under such circumstances as to afford a reasonable ground to suspect that it was caused by the criminal act of another.

1041. The physician shall within fifteen hours after the death deposit the certificate at the place of death, or deliver it to the attending funeral director, at his place of business or at the office of the physician.

10452. The death certificate shall be signed by the attending physician, if any, or by the coroner or other proper official either directly or as directed by the local registrar, giving the medical certificate of the cause of death and other particulars necessary to complete the record.

10454. The complete certificate shall be presented to the local registrar in order to obtain a permit for interment, removal or other disposition of the body.

For several reasons it is important to the surviving families and to the mortician who endeavors to serve them properly, that the medical section of the death certificate be completed as quickly as possible. Frequently someone from the mortuary makes two or three trips to contact the physician before this medical information is certified. Now the physicians who have not been called into military service are required to work longer hours and on a schedule of increased tempo. Certainly the morticians want to extend to them every possible coöperation.

However, morticians are now faced with a serious problem of being unable to obtain tires and therefore they must conserve tires to perform all essential services for the longest possible time. If some plan can be developed with each physician or through the local Medical Association to have the medical section of death certificates completed promptly and made available to a mortuary representative, by telephone appointment or otherwise, so that they can be obtained by making one call, the coöperation would not only be appreciated by the mortician but would also serve the interest of National Defense.

It is suggested that morticians throughout the State, individually or through their local association, submit this matter to the physicians in their communities, in an appeal for greater coöperation. Suggestions for efficient coöperation on the part of both physicians and morticians may be developed. Such suggestions should be forwarded to this office and to the office of the Medical Assocciation.

J. WILFORD CORR,
Executive Secretary.

MEDICAL EPONYM

Murphy Drip

Dr. John Benjamin Murphy (1857-1916) spoke on "Diffuse Suppurative Peritonitis" before the American Association of Obstetricians and Gynecologists on September 21, 1906. His remarks included some mention of his new method of proctoclysis, and in the subsequent discussion he described it as quoted below from the *Transactions of the American Association of Obstetricians and Gynecologists* (19:184, 1906):

"An ordinary vaginal douche tip should be used, with three openings, so that the water can flow into one and the intestinal gas come out of the other. If we use a single opening tip, gas will not bubble back into the can, and the passing of gas is important, otherwise the fluid will be expelled in the bed when the patient attempts to pass the gas. The elevation of the can should be from four to six inches above the anal level. The nurse must be instructed to watch the patient closely and not allow any more than one pint and a half of the saline solution to flow in forty minutes to one hour. The tube can be strapped permanently to the leg of the patient with adhesive plaster, the fountain syringe being at the head of the bed, and a hot water bag used to keep the solution warm. Every two hours the nurse pours in hot saline water. There is no irritation of the rectum. The patient may go to sleep while the irrigation is being carried on, as the tube is not taken out for days. It is merely absorption of the fluid by the bowel. The speed of the flow must not be controlled by a forcep in the tube, but by the elevation of the can."—R. W. B., in *New England Journal of Medicine.*

Athlete's Foot.—A mixture of carbolic acid and camphor has been found effective in the treatment of "athlete's foot," Edward Francis, M. D., Washington, D. C., states in *The Journal of the American Medical Association.*

"The mixture," he says, "is nonirritating to the skin and may be painted between the toes several times a day. . . . The sock may be replaced immediately without danger of corrosion. There is no discoloration of the clothing. Relief from itching is immediate. . . . It should be pointed out, however, that the phenol-camphor preparation should not be applied to the wet skin, since water causes a breakdown of the preparation with the result that it becomes caustic.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XV, No. 6, June, 1917

EXCERPTS FROM EDITORIAL NOTES

Have You Enlisted?—I desire to call the attention of the medical men of this State to the situation which confronts them in the present crisis. [July, 1917] The Government has issued a first call for 500,000 men, to be followed by a call for 1.500,000 more as soon as the first draft is filled.

The work of enlistment is already on and the medical department of the army is having great difficulty in handling their end of the situation on account of the lack of doctors. An Army cannot be recruited without an efficient medical corps, and it behooves every medical man in this State to exert himself to the utmost to assist the Government in its undertaking. . . .

An appeal is therefore made to every physician and surgeon in the State to be ready and willing to serve his Country, and enlist as soon as possible, so that when the Government calls it will find the ranks filled and will not be compelled to resort to drastic measures to get the necessary number of medical men.

J. HENRY BARBAT,
*President, Medical Society of the State of California.**

The Military Situation.—The military situation [Year. 1917] is rapidly assuming definite form. By the time this issue reaches its readers the registration under the Draft Bill passed by Congress will be effective and all physicians within the age limits provided in the bill—21 to 31—will be potential members of the Army or Navy of the Uinted States. Of this group the quota which California must provide will be drawn immediately into active service. The Secretary of War has issued a statement through the press that the date of reporting for active duty will not be until after September 1st. On that date something over half a million green, untrailed recruits will be established in camps throughout the country. These men must be cared for from the start, in the most perfect possible manner. Twentieth century medicine is none too good for those upon whom the country calls to defend the very principles upon which it is founded in order that we, the rest of us, and our children, may be able to live in security and comfort. These recruits must be protected as to be able to prepare themselves as soldiers of the highest efficiency. Without a full, efficient, highly trained medical arm of the service this is utterly impossible. . . .

All medical men who have no dependents should enroll at once—those subject to draft, in the regular Army

(Continued in Back Advertising Section page 22)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interet to both old and new member.

* Former name of the California Medical Association was "Medical Society of the State of California." For references see "California State Journal of Medicine," August, 1923, on page 345 and September, 1923, on page 387.

The present name was formerly adopted by the C.M.A. House of Delegates on June 23, 1923.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

"For the first time since the system was thoroughly installed following its inception in September, 1939, the city employes' Health Service System today pointed to a dollar-for-dollar payment of its monthly medical bills. . . ." (San Francisco *News*, April 21, 1942.)

"The Treasury Department has asked congress to allow income tax deductions for unusual medical expense in certain brackets and for children in college. These two moves will alleviate much injustice in making out income tax returns. This column on several occasions has pointed out that children when they reach college age are more of an expense to their parents than when younger. Yet the government has taken off the exemption for a child when the age of 18 is reached. . . . We think the Treasury Department is on the right track in providing some relief from doctor bills and from college costs. We would like to see Congress approve this recommendation for the next income tax return . . . ." (Sacramento *Union*, April 2, 1942.)

"San Francisco Superior Judge Alden Ames today ordered St. Louis Estes, food lecturer, released from County Jail on completition of a 150-day term. Ames set aside an additional sentence of 1200 days arising from an alternative of paying a $2500 fine or serving one day for every $2 of the fine. Estes, who was convicted of violating the medical practice act, contended successfully that Municipal Court had no authority to impose the additional sentence." (Oakland *Tribune*, April 24, 1942.)

"Developed by an Australian nurse, the Kenny therapy treatment for infantile paralysis will be put into use by the San Francisco Chapter, National Foundation for Infantile Paralysis, Dr. J. C. Geiger, chairman, announced today. Dr. W. H. Northway, sent east by the chapter to take the Kenny course, will instruct San Francisco physicians and nurses in the methods of treatment." (San Francisco *News*, April 25, 1942.)

"Recommendation to all draft boards by the Secretary of War that chiropractors be assigned to medical corps of the Army, and filing of a petition with the War Department by the International Chiropractors' association requesting recognition of chiropractic in the military establishment, were announced today by Dr. S. J. Francis, representing the organization in this area. . . . It recommended setting up a separate Chiropractic (unit) within the Medical Corps. . . ." (Santa Ana *Register*, April 16, 1942.)

(Continued in Back Advertising Section Page 34)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.

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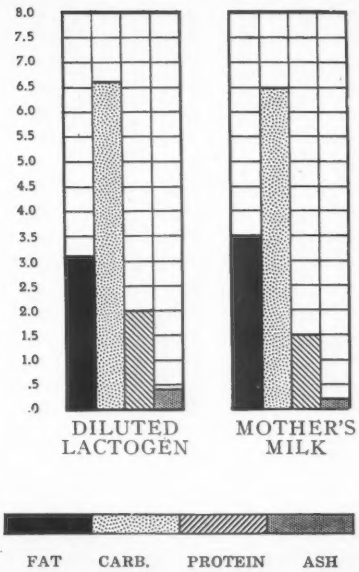
approximates women's milk in the proportion of food substances

The cows' milk used for Lactogen is scientifically modified for infant feeding. This modification is effected by the addition of milk fat and milk sugar in definite proportions. When Lactogen is properly diluted with water, it results in a formula containing the food substances—fat, carbohydrate, protein, and ash—in approximately the same proportion as they exist in woman's milk.



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"My own belief is, as already stated, that the average well baby thrives best on artificial foods in which the relations of the fat, sugar and protein in the mixture are similar to those in human milk."

JOHN LOVETT MORSE, A. M., M. D.
Clinical Pediatrics, p. 156

NESTLÉ'S MILK PRODUCTS, INC.

155 EAST 44TH ST., NEW YORK, N. Y.

Advertisers in your OFFICIAL JOURNAL *will appreciate requests for literature*

TWENTY-FIVE YEARS AGO

(Continued from Text Page 384)

or Navy; those not of draft age, in the Officers' Reserve Corps of the Army or of the Navy.

The appeal of Dr. Barbat, President of the Society, should be heeded, and that at once.

Medical Defense Rules and the Legal Department.—An unusual feature of the recent meeting of the House of Delegates at Coronado [Year, 1917] was the attendance of the General Attorney for the Society, and an address by him upon the subject of the work of the Legal Department. The Council, in view of the increase in volume of the malpractice claims and the growing complexity and importance of this branch of the Society's activities, requested the attendance of the head of that department in order to bring the members more closely in touch with its functions and activities. Unquestionably this step has been productive of great benefit to our organization. Heretofore interest in legal affairs has been confined too closely to the particular member involved and the necessity for, and the scope and effectiveness of, this bureau has not been appreciated by the members at large. . . .

The Indemnity Defense Fund.—The trustees of the Indemnity Defense Fund organized as a board at the recent State meeting [June, 1917]. The Council, after several months of intensive work, has adopted the rules and regulations governing the fund. The Secre-

(Continued on Page 24)

TWENTY-FIVE YEARS AGO

(Continued from Page 32)

to the best interests of the whole profession, and that the County Society be requested to promptly discipline all such members.

(c) Resolution No. 3.—WHEREAS, Certain members and groups of physicians have contracted with insurance companies to furnish all medical and surgical care for an agreed per cent of the premium income of the insurance company, in an effort to increase their own income at the expense of the whole profession, and

WHEREAS, This practice is in danger of leading to the most obnoxious form of contract practice, to which this society is opposed, and that the County Society be requested to promptly discipline all such members. . . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 384)

". . . . . Some Glenn County residents also are said to be patients of Tong H. Lee, Chico Chinese, under arrest on charges of practicing medicine without a license. Lee is said to have treated venereal cases with herbs, and to have promised abortions by use of a tea potion. Officers charge he threatened a woman patient with a hatchet when she demanded return of her money after he failed to halt birth of a baby." (Willows *Journal*, April 16, 1942.)

"Sixty year old Dr. John H. Lewis was bound over

(Continued on Page 36)

NEXT ANNUAL SESSION
California Medical Association, Del Monte, (Date later)

CALIFORNIA AND WESTERN MEDICINE

Official Journal of the California Medical Association

FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

VOLUME 56
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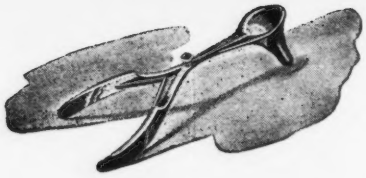
CONTENTS AND SUBJECT INDEX

Owned and Published Monthly by the California Medical Association

"Entered as second-class matter at the post office at San Francisco, under the Act of March 3, 1879." Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 10, 1918.



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Available in a ¼% or 1% solution in 1-oz. bottles for dropper or spray; and as a ½% jelly in collapsible tube with applicator.

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Vice-Speaker of House of Delegates—E. Vincent Askey, 2212 West Third Street, Los Angeles.

Chairman of Council—Philip K. Gilman, 1095 Market Street, Room 702, San Francisco.

Vice-Chairman—Frank R. Makinson, 426 Seventeenth Street, Oakland.

Past President—Henry S. Rogers, 200 Fourth St., Petaluma.

Secretary-Treasurer—George H. Kress, 450 Sutter Street, Room 2004, San Francisco. Telephone DOuglas 0062.

Editor—George H. Kress, 450 Sutter Street, Room 2004, San Francisco.

Executive Secretary—John Hunton, 450 Sutter Street, Room 2004, San Francisco.

General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers. Chairman of Council, Philip K. Gilman; Secretary, George H. Kress.)

District Councilors

First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1944), 206 Emmons Building, Ontario.

Second District—Los Angeles County, Donald Cass (1945), 5300 Hollywood Boulevard, Los Angeles.

Third District—Inyo, Kern, Mono, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1943), 209 Haberfelde Building, Bakersfield.

Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties. Axcel E. Anderson (1944), Medical Group Building, 1759 Fulton Street, Fresno.

Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, R. Stanley Kneeshaw (1945), 404 Medico-Dental Building, 241 E. Santa Clara Street, San Jose.

Sixth District—San Francisco County, John W. Cline (1943), 1020 Medico-Dental Building, 490 Post Street, San Francisco.

Seventh District—Alameda and Contra Costa Counties, Frank R. Makinson (1944), 426 Seventeenth Street, Oakland.

Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties. Frank A. MacDonald (1945), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.

Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, John W. Green (1943), Box 539, Vallejo.

Councilors-at-Large

Sam J. McClendon (1945) 2654 Fourth Avenue, San Diego.

Edwin L. Bruck (1945), 384 Post Street, San Francisco.

Philip K. Gilman (1944), 1095 Market St., San Francisco.

E. Earl Moody (1944), 829 South Alvarado Street, Los Angeles.

Dewey R. Powell (1943) Room 501, 242 No. Sutter Street, Stockton.

Edward B. Dewey (1943), Professional Building, 65 No. Madison Avenue, Pasadena.

Standing Committees

Executive Committee

The President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Past President, the Secretary-Treasurer (ex officio), and the Editor (ex officio). Henry S. Rogers, Chairman; George H. Kress, Secretary.

Auditing Committee

John W. Cline (Chairman)	San Francisco	1943
Edwin L. Bruck	San Francisco	1943
Frank R. Makinson	Oakland	1943

Members appointed each year by the Chairman of the Council.

Committee on Associated Societies and Technical Groups

John V. Barrows (Chairman)	Los Angeles	1943
Edwin L. Bruck	San Francisco	1944
Clarence E. Rees	San Diego	1945

Committee on Health and Public Instruction

John C. Ruddock (Chairman)	Los Angeles	1944
J. C. Geiger	San Francisco	1943
C. M. Birchfield	San Jose	1945

Committee on History and Obituaries

Morton R. Gibbons (Chairman)	San Francisco	1944
Hyman Miller	Los Angeles	1943
Robert A. Peers	Colfax	1945

Secretary and Editor ex officio

Committee on Hospitals, Dispensaries and Clinics

J. Norman O'Neill (Chairman)	Los Angeles	1945
Benjamin W. Black	Oakland	1943
Walter Rapaport	Mare Island	1944

Committee on Industrial Practice

Donald Cass (Chairman)	Los Angeles	1945
George H. Sanderson	Stockton	1943
Wilbur J. Cox	San Francisco	1944

Committee on Medical Defense

Nelson J. Howard (Chairman)	San Francisco	1944
Lewis T. Bullock	Los Angeles	1943
R. Stanley Kneeshaw	San Jose	1945

Committee on Medical Economics

Glenn F. Cushman (Chairman)	San Francisco	1944
Edward C. Pallette	Los Angeles	1943
C. A. Broaddus	Stockton	1945

Committee on Medical Education and Medical Institutions

B. O. Raulston (Chairman)	Los Angeles	1944
Fred H. Kruse	San Francisco	1943
L. R. Chandler	San Francisco	1945

Committee on Membership and Organization

Lewis A. Alesen (Chairman)	Los Angeles	1944
L. H. Redelings	San Diego	1943
J. F. Doughty	Tracy	1945

Committee on Postgraduate Activities

Francis J. Rochex (Chairman)	San Francisco	1943
Fred B. Clarke (Vice-Chairman)	Long Beach	1944
Frank A. MacDonald	Sacramento	1945

Secretary ex officio

Committee on Publications

George W. Walker (Chairman)	Fresno	1943
F. Burton Jones	Vallejo	1944
Francis E. Toomey	San Diego	1945

Secretary and Editor ex officio

Committee on Public Policy and Legislation

Dwight H. Murray (Chairman)	Napa	1944
Edward T. Remmen	Los Angeles	1943
Anthony B. Diepenbrock	San Francisco	1945

President and President-Elect ex officio

Advisory Committee to Above

Junius B. Harris (Chairman)	Sacramento
H. R. Madeley (Vice-Chairman)	Vallejo

Committee on Scientific Work

George H. Kress, Chairman (ex officio, Association Secretary)
Mast Wolfson (ex officio, Secretary, Section on Medicine)
J. Norton Nichols (ex officio, Secretary, Section on Surgery)

Fletcher B. Taylor	Oakland	1943
J. Homer Woolsey	Woodland	1944
Howard F. West	Los Angeles	1945

Committee on Public Relations

The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general offiers of the Association, all serving ex officio. The chairman of the committee is Donald Cass, the seccretary is Mr. John Hunton.

John C. Ruddock..Chair., Com. on Health and Public Instruction
J. Norman O'Neill..Chair.,Com. on Hospitals, Dispensaries, Clinics
Donald Cass.....Chair., Com. on Industrial Practice
Nelson J. Howard.....Chair., Com. on Medical Defense
Lewis A. Alesen..Chair., Com. on Membership and Organization
Glenn F. Cushman.....Chair., Com. on Medical Economics
Dwight H. Murray..Chair., Com. on Public Policy and Legislation
Francis J. Rochex.....Chair., Com. on Postgraduate Activities
William R. Molony, Sr....President of California Medical Assn.
Karl L. Schaupp.....President-Elect
George H. Kress.....Secretary-Treasurer

Communications for the Public Relations Department should be addressed to the Director, Mr. John Hunton, Room 2004, 450 Sutter Street, San Francisco.

Cancer Commission

Harold Brunn (Chairman)	San Francisco	1943
Lyell C. Kinney (Vice-Chairman)	San Diego	1943
Otto H. Pflueger (Secretary)	San Francisco	1943
Orville N. Meland	Los Angeles	1944
A. Herman Zeiler	Los Angeles	1944
Gertrude Moore	Oakland	1944
Alson R. Kilgore	San Francisco	1945
Henry J. Ullmann	Santa Barbara	1945
Clarence J. Berne	Los Angeles	1945

Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M.D., 384 Post Street, San Francisco.

(Continued on Page 5)

ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.

Alameda County Medical Association
2404 Broadway, Oakland
President, Safford A. Jelte, 230 Grand Avenue, Oakland.
Secretary, Gertrude Moore, 353 30th Street, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte-Glenn County Medical Society
President, C. C. Landis, First National Bank Building, Chico.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society
President, Walter L. Taylor, 100 Pine Street, Martinez.
Secretary, L. Abbott Hedges, 912 Macdonald Avenue, Richmond.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society
President, Frank R. Ruff, 1234 S Street, Fresno.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society
President, Max J. Goodman, 525 7th Street, Eureka.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society
President, Philip Hodgkin, Box 1178, El Centro.
Secretary, F. Powers-Heald, 107 So. 5th Street, El Centro.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society
President, Howard W. Dueker, 328 Main St., Lone Pine.
Secretary, Joseph W. Telford, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society
President, J. Headen Inman, 501 Haberfelde Building, Bakersfield.
Secretary, Sophie M. Loven, 458 Haberfelde Building, Bakersfield.
Meeting, *Third Thursday, 7:00 p. m., Padre Hotel.*

Kings County Medical Society
President, Lionel W. Sorenson, 1118 Whitley Avenue, Corcoran.
Secretary, Arthur Zeismer, 410 N. Irwin Street, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society
President, G. R. Fortson, Susanville.
Secretary, J. W. Crever, Susanville.
Meeting, *On Call.*

Los Angeles County Medical Association
1925 Wilshire Boulevard, Los Angeles
President, John C. Ruddock, 1930 Wilshire Blvd., Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meeting, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society
President, John C. W. Taylor, 1010 B Street, San Rafael.
Secretary, Carl W. Clark, 1010 B Street, San Rafael.
Meeting, *Fourth Thursday, 6:30 p. m.. Blue Rock Hotel, Larkspur.*

Mendocino-Lake County Medical Society
President, Edward A. Macklin, P.O. Box 176, Kelseyville.
Secretary, John H. Lloyd, Fort Bragg.
Meeting, *On Call.*

Merced County Medical Society
President, J. J. McNearney, 311 Shaffer Building, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society
President, Winton F. Swengel, 499 Pacific Street, Monterey.
Secretary, Raymond V. Rukke, 135 Franklin Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society
President, I. E. Charlesworth, Napa State Hospital, Imola.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Association
President, C. Glenn Curtis, 323 N. Pomona Street, Brea.
Secretary, L. F. Whittaker, 302 Third Street, Huntington Beach.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer-Nevada-Sierra County Medical Society
President, Lucas W. Empey, Roseville.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society
President, Raymond L. Johnson, Corona.
Secretary, Hobart M. Kelly, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library. Riverside Community Hospital.*

Sacramento Society for Medical Improvement
President, W. J. Van Den Berg, 1127 11th Street, Sacramento.
Secretary, Curtis H. McDonnell, California State Life Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society
President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society
President, Edward H. Risley, Loma Linda.
Secretary, Arthur E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society
1410 Medico-Dental Building, 233 A Street, San Diego
President, W. O. Weiskotten, 2130 Fourth Avenue, San Diego.
Secretary, W. H. Geistweit, Jr., 810 Medical Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society
2180 Washington Street, San Francisco
President, John W. Cline, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meeting, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society
President, Albert K. Merchant, Dameron's Hospital, Stockton.
Secretary, Dora A. Lee, 110 North San Joaquin Street, Stockton.
Meeting, *First Thursday, 8:15 p.m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society
President, Deon A. Crew, 748 Marsh Street, San Luis Obispo.
Secretary, Joseph G. Middleton, 1130 Garden Street, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p.m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society
President, H. H. Whitney, 1204 Burlingame Avenue, Burlingame.
Secretary, Thomas Farthing, 23 Second Avenue, San Mateo.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society
President, Lawrence F. Eder, 1421 State Street, Santa Barbara.
Secretary, Alfred B. Wilcox, 1515 State Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society
President, A. A. Shufelt, 241 E. Santa Clara Street, San Jose.
Secretary, Leon P. Fox, Sainte Claire Building, San Jose.

Santa Cruz County Medical Society
President, M. D. McPherson, Vine and Church Streets, Santa Cruz.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Monday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society
President, Julius M. Kehoe, Redding.
Secretary, John E. Kirkpatrick, Shasta Dam.
Meeting, *Second Monday.*

Siskiyou County Medical Society
President, H. L. Vidricksen, Weed Hospital, Weed.
Secretary, F. W. Martin, Mt. Shasta.
Meeting, *Sunday on call.*

Solano County Medical Society
President, Cary A. Snoddy, 405 Georgia Street, Vallejo.
Secretary, F. Burton Jones, 416 Georgia Street, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society
President, R. L. Zieber, 838 Fourth Street, Santa Rosa.
Secretary, E. D. Barnett, 3325 Chanate Road, Santa Rosa
Meeting, *Second Thursday.*

Stanislaus County Medical Society
President, H. B. Stewart, 1409 H Street, Modesto.
Secretary, A. E. Ghilotti, 1024 J Street, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society
President, R. G. Frey, Red Bluff.
Secretary, O. T. Wood, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society
President, Charles S. Ambrose, 310 W. Willow Street, Visalia.
Secretary, Frank R. Guido, 310 W. Willow Street, Visalia.

Ventura County Medical Society
President, James W. Moore, 23 S. California Street, Ventura.
Secretary, Robert K. Harker, 132 Fourth Street, Oxnard.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo County Medical Society
President, Leo A. Cronan, Davis.
Secretary, Austin M. Clark, Woodland Clinic, Woodland.
Meeting, *First Wednesday.*

Yuba-Sutter-Colusa County Medical Society
President, John A. Duncan, 725 4th Street, Marysville.
Secretary, Charles B. Kimmel, 725 4th Street, Marysville.
Meeting, *Second Wednesday.*

(Roster lists continued on advertising Page 6)

(Continued from Page 3)

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the libraries of the following institutions:

University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

Hospital Service of California, 153 Kearny Street, San Francisco; 675 East Santa Clara, San Jose; 364 Fourteenth Street, Oakland.

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Request is made that any member who desires to submit papers before an annual session section, write in regard thereto, to respective section secretary, as soon as convenient after the close of an annual session.

Anesthesiology

Chairman, Ernest H. Warnock, 1136 West Sixth Street, Los Angeles.
Secretary, Evelyn H. Case, 374—34th Street, Oakland.

Dermatology and Syphilology

Chairman, Merlin T. Maynard, 241 E. Santa Clara, San Jose.
Vice-Chairman, Philip King Allen, 233 A Street, San Diego.
Secretary, Frederick G. Novy, 411 Thirtieth Street, Oakland.

Eye, Ear, Nose and Throat

Chairman, Ferris L. Arnold, 923 Security Building, Long Beach.
Vice-Chairman, Walter R. Crane, 727 W. 7th Street, Los Angeles.
Secretary, George McClure, 411—30th Street, Oakland.

General Medicine

Chairman, Garnett Cheney, 490 Post Street, San Francisco.
Secretary, Mast Wolfson, 215 Franklin Street, Monterey.
Assistant Secretary, Fred B. Clarke, 505 Professional Building, Long Beach.

General Surgery

Chairman, F. L. Reichert, Lane Hospital, San Francisco.
Secretary, J. Norton Nichols, 1930 Wilshire Boulevard, Los Angeles.
Assistant Secretary, Leon Goldman, University of California Hospital, San Francisco.

Industrial Medicine and Surgery

Chairman, John D. Ball, 414 Spurgeon Building, Santa Ana.
Vice-Chairman, Leonard Barnard, 2939 Summit Street, Oakland.
Secretary, Floyd Thurber, 6065 Hollywood Boulevard, Los Angeles.

Neuropsychiatry

Chairman, Karl Otto von Hagen, 727 West Seventh Street, Los Angeles.
Secretary, Jacob Kasanin, 1606 Scott Street, San Francisco.

Obstetrics and Gynecology

Chairman, Norman H. Williams, 409 N. Camden Drive, Beverly Hills.
Vice-Chairman, Philip H. Arnot, 490 Post Street, San Francisco.
Secretary, Roy E. Fallas, 1930 Wilshire Boulevard, Los Angeles.

Pathology and Bacteriology

Chairman, Jesse L. Carr, University of California Hospital, San Francisco.
Vice-Chairman, A. M. Moody, 631 O'Farrell Street, San Francisco.
Secretary, R. H. Osborne, 312 N. Boyle Avenue, Los Angeles.
Assistant Secretary, James B. McNaught, 2398 Sacramento Street, San Francisco.

Pediatrics

Chairman, E. H. Christopherson, 420 Walnut Avenue, San Diego.
Secretary, William C. Deamer, University of California Hospital, San Francisco.
Assistant Secretary, Howard R. Cooder, 3875 Wilshire Boulevard, Los Angeles.

Radiology

Chairman, Ray A. Carter, 1200 N. State Street, Los Angeles.
Secretary, Carl B. Bowen, 1624 Franklin Street, Oakland.

Urology

Chairman, Wirt Dakin, 802 Pacific Mutual Building, Los Angeles.
Secretary, Arno G. Folte, 870 Market Street, San Francisco.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES		ALTERNATES
Edward N. Ewer, Oakland	(1941-1942)	Frank R. Makinson, Oakland
Edward M. Pallette, Sr., Los Angeles	(1941-1942)	William H. Kiger, Los Angeles
Robert A. Peers, Colfax	(1941-1942)	Frederick N. Scatena, Sacramento
William R. Molony, Sr., Los Angeles	(1941-1942)	John C. Ruddock, Los Angeles
Elbridge J. Best, San Francisco	(1942-1943)	L. R. Chandler, San Francisco
Lyell C. Kinney, San Diego	(1942-1943)	Bon O. Adams, Riverside
Harry H. Wilson, Los Angeles	(1942-1943)	Roy E. Thomas, Los Angeles
Henry S. Rogers, Petaluma	(1942-1943)	Philip K. Gilman, San Francisco

Special Committees

Committee on Public Health Education

Frank R. Makinson, Chairman....Oakland
P. K. Gilman, Secretary.....San Francisco
Samuel Ayres, Jr.....Los Angeles
J. Frank Doughty.....Tracy
Thomas A. Card.....Riverside
Lowell S. Goin.....Los Angeles
Dwight H. Murray.....Napa
Henry S. Rogers, ex officio.....Petaluma

Committee on Needy Members

Axcel E. Anderson, Chairman.....Fresno
Elizabeth M. Hohl.....Los Angeles
Robert A. Peers.....Colfax

Local Committee on Arrangements 1942 Del Monte Session

Mast Wolfson, Chairman.....Monterey
H. R. Lusignan, Monterey; Winton F. Swengel, Monterey; M. D. McPherson, Santa Cruz; J. M. O'Donnell, Hollister.

Woman's Auxiliary to the California Medical Association

State Auxiliary Officers

President, Mrs. F. G. Lindemulder, 2251 San Juan Road, San Diego.
President-Elect, Mrs. Charles C. Landis, 1081 Woodland Avenue, Chico.
First Vice-President, Mrs. Ralph B. Eusden, 4360 Myrtle Avenue, Long Beach.
Second Vice-President, Mrs. Raleigh W. Burlingame, 921 Arlington Road, Redwood City.
Recording Secretary, Mrs. Lawrence K. Gundrum, 249 El Camino Drive, Beverly Hills.
Treasurer, Mrs. Richard B. McGovney, 64 Glendessary Lane, Santa Barbara.
Corresponding Secretary, Mrs. Charles Rees, 4496 Trias Street, San Diego.

Officers of County Auxiliaries

Alameda County—President, Mrs. R. Abbott Crum, 958 Park Lane, Oakland.
Butte-Glenn County—President, Mrs. C. C. Landis, 1081 Woodland Avenue, Chico.
Contra Costa County — President, Mrs. Thomas Dozier, 507 Tenth Street, Antioch.
Fresno County — President, Mrs. J. R. Walker, Rt. 3, Box 528, Fresno.
Humboldt County—President, Mrs. Allan Watson, 2317 D Street, Eureka.
Inyo-Mono County—President, Mrs. H. W. Crook, 106 South Main, Bishop.
Kern County—President, Mrs. C. I. Mead, 2830 Eighteenth Street, Bakersfield.
Kings County—President, Mrs. C. G. Newdecker, 1604 Whitmore Street, Hanford.
Lassen-Plumas-Modoc County — President, Mrs. Fred J. Davis, Jr., 920 Pine Avenue, Susanville.
Los Angeles County—President, Mrs. William C. Boeck, 712 North Maple Drive, Los Angeles.
Marin County—President, Mrs. H. N. Hensler, Box 244, San Rafael.
Mendocino—Lake County—President, Mrs. M. F. Cullen, Box 132, Talmage.
Merced County—President, Mrs. Fred O. Lien, 100 Twenty-first Street, Merced.
Monterey-San Benito County — President, Mrs. Martin McAulay, 604 Abrego, Monterey.
Orange County—President, Mrs. J. B. Price, 921 Louise Street, Santa Ana.
Riverside County—President, Mrs. Frederick Veitch, 3660 Fourteenth Street, Riverside.
Sacramento County—President, Mrs. Gustave Wilson, 2023 Twenty-third Street, Sacramento.
San Diego County—President, Mrs. E. H. Christopherson, 2876 Nutmeg, San Diego.
San Francisco County—President, Mrs. E. S. Kilgore, 2417 Green Street, San Francisco.
San Joaquin County—President, Mrs. Edmund Halley, 1101 Vernal Way, Stockton.
San Luis Obispo County—President, Mrs. Horace Hagen, 1333 Mills Street, San Luis Obispo.
San Mateo County—President, Mrs. Otis Allen Sharpe, 617 Crescent Ave., San Mateo.
Santa Barbara County — President, Mrs. C. W. Henderson, 130 E. Pedregosa Street, Santa Barbara.
Santa Clara County—President, Mrs. George A. Gray, 1248 Martin Street, San Jose.
Santa Cruz County—President, Mrs. Norman Sullivan, 457 Laurel Street, Santa Cruz.
Solano County—President, Mrs. F. Burton Jones, P. O. Box 425, Vallejo.
Sonoma County—President, Mrs. D. C. Oakleaf, 704 West Street, Healdsburg.
Stanislaus County—President, Mrs. A. E. Ghilotti, 1815 Hintze Avenue, Modesto.
Tulare County—President, Mrs. George Kelper, 318 West School Street, Visalia.
Ventura County—President, Mrs. Walter F. Mosher, 2246 E. Main Street, Ventura.

Miscellaneous California Medical Organizations

Department of Public Health of the State of California

San Francisco—603 Phelan Building, 760 Market Street, San Francisco; UNderhill 8700.
Sacramento—1020 N. St., Phone 2-4711.
Los Angeles—State Office Building, 217 West First Street, MAdison 1281.
President, Elmer Belt, Los Angeles.
Director, Bertram P. Brown, 603 Phelan Building, 760 Market Street, San Francisco.

California Northern District Medical Society

President—John H. White, Chico.
Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.

Board of Medical Examiners of the State of California

San Francisco, Rm. 214, 515 Van Ness Ave.
Los Angeles, 906 State Building.
Sacramento, Business and Professional Building, 1020 N Street.
Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco.

Southern California Medical Association

President, Alvin Foord, 749 Fairmont Ave., Pasadena.
Secretary, Edward W. Boland, 2202 W. Third Street, Los Angeles.

The Public Health League of California

Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711.

Medical Schools of California

University of California Medical School, Third and Parnassus, San Francisco. Agnes L. Terry, Assistant to the Dean.
Stanford University School of Medicine, 2398 Sacramento Street, San Francisco. L. R. Chandler, M. D., Dean.
University of Southern California Medical School, 1100 N. Mission Road, Los Angeles. Seeley G. Mudd, M. D., Dean.
College of Medical Evangelists, 312 North Boyle Avenue, Los Angeles. Percy T. Magan, M. D., President.

BOOK REVIEWS

BOOKS RECEIVED

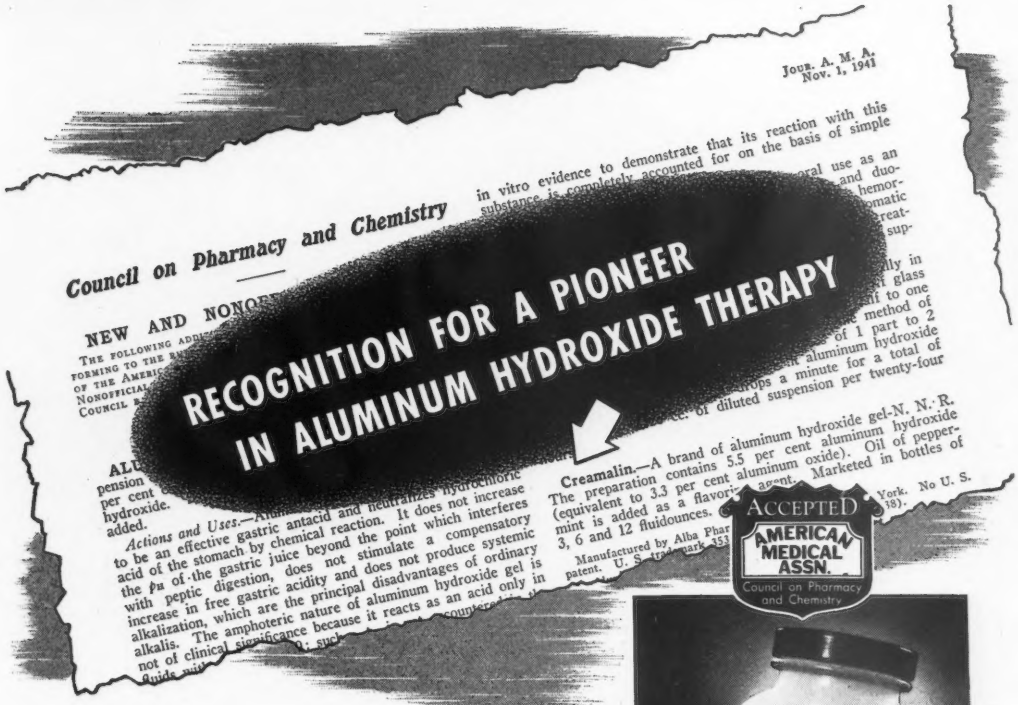
The Electrocardiogram and X-Ray Configuration of the Heart. By Arthur M. Master, B.S., M.D., F.A.C.P., Cardiologist to the Mt. Sinai Hospital, New York; Assistant Professor of Clinical Medicine, Columbia University, New York. Second Edition, enlarged and thoroughly revised. Cloth. Price, $7.50. Pp. 404, with 108 Figures, containing 163 illustrations. Philadelphia: Lea & Febiger, 1942.

The Eye Manifestations of Internal Diseases. By I. S. Tassman, M.D., Associate Professor of Ophthalmology, Graduate School of Medicine, University of Pennsylvania, Philadelphia; Attending Surgeon, Wills Hospital, Philadelphia, Pa. Cloth. Pp. 542, with 201 illustrations, including 19 in color. St. Louis: The C. V. Mosby Company, 1942.

Management of the Sick Infant and Child. By Langley Porter, B.S., M.D.M.R.C.S. (Eng.), L.R.C.P. (Lond.), Dean Emeritus, University of California Medical School and Professor of Medicine; Formerly Professor of Clinical Pediatrics, University of California Medical School; Formerly Visiting Pediatrician, San Francisco Children's Hospital; Formerly Member Health Advisory Board of the City and County of San Francisco, and William E. Carter, M.D., Director of University of California Hospital, Out-Patient Department; Formerly Chief of Children's Clinic, University of California Hospital; Formerly Attending Physician, Los Angeles County Hospital; Formerly Attending Physician, San Francisco Hospital, San

(Continued on Page 10)

Alphabetical List of ADVERTISERS



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The first aqueous aluminum hydroxide gel to be made available to physicians, CREAMALIN pioneered a decade of intensive research and clinical work which proved the validity of aluminum hydroxide therapy and established CREAMALIN as a distinct advance in the management of peptic ulcer, gastric hyperacidity, and symptomatic hyperchlorhydria.

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BOOKS RECEIVED

(Continued from Page 7)

Francisco. Sixth Revised Edition. Cloth. Pp. 977. St. Louis: The C. V. Mosby Company, 1942.

Synopsis of Ano-Rectal Diseases. By Louis J. Hirschman, M.D., F.A.C.S., Ex-Vice President, A.M.A.; Ex-Chairman, Section on Gastroenterology and Proctology, A.M.A.; Ex-President American Proctologic Society; Chairman, American Board of Proctology, Inc.; Professor of Proctology, Wayne University; Fellow (Honorary) Royal Society of Medicine; Extra-Mural Lecturer on Proctology, Post Graduate School, University of Michigan; Proctologist, Harper, Charles Godwin Jennings, and Woman's Hospitals; Consulting Proctologist, Detroit City Receiving, Evangelical Deaconess, Wayne County Hospitals, Children's Hospital of Michigan, Detroit Tuberculosis Sanitarium, Detroit.

Synopsis of Materia Medica, Toxicology, and Pharmacology. By Forrest Ramon Davison, B.A., M.Sc., Ph.D., M.B., Medical Department, The Upjohn Co., Kalamazoo, Mich. Formerly Assistant Professor of Pharmacology in the School of Medicine, University of Arkansas, Little Rock. Second Edition. For students and practitioners of medicine. Cloth. Pp. 695, with 45 illustrations, including four in color. St. Louis: The C. V. Mosby Company, 1942.

Night of Flame. By Dyson Carter. Cloth. Price, $2.50. Pp. 337. New York: The Cornwall Press, 1942.

The Clarks an American Phenomenon. By William D. Mangam, with an introduction by Edward Alsworth Ross, Professor of Sociology, University of Wisconsin. Cloth. Pp. 257. Price, $2.50. New York: Silver Bow Press, 1941.

BOOK REVIEWS

(Continued on Page 13)

Electrocardiography: Including an Atlas of Electrocardiograms, by Louis N. Katz, A.B., M.D. Director of Cardiovascular Research, Michael Reese Hospital, Chicago, Illinois; Assistant Professor of Physiology, University of Chicago, Chicago, Illinois. Lea and Febiger, 1941. Price, $10.00.

It is the announced purpose of the author to present the subject of electrocardiography simply and concisely with avoidance of controversial aspects, but with emphasis on the author's own views. He disclaims the intention of providing a reference work.

The text is divided into three sections, the first of which deals with the theory of the electrocardiogram, the apparatus and the technique of making the tracing; the second deals with the normal electrocardiogram and the variations in various diseases; the third is a systematic description of the electrocardiogram in the arrhythmias. This arrangement appears logical and useful. The text is profusely illustrated with both diagrams and reproductions of electrocardiograms and the explanatory legends are sufficiently detailed to be used independently of the text if this is desired. In this way the book may be used as an atlas. A detailed index in which the illustrations are distinctively listed adds greatly to the usefulness of this feature. The quality of the printing and of the reproduction is outstanding.

A careful study of this book and the accompanying volume of exercises in electrocardiographic interpretation will prove most informative and stimulating and is obligatory upon all who presume to read electrocardiograms for others. It is by no means certain that the

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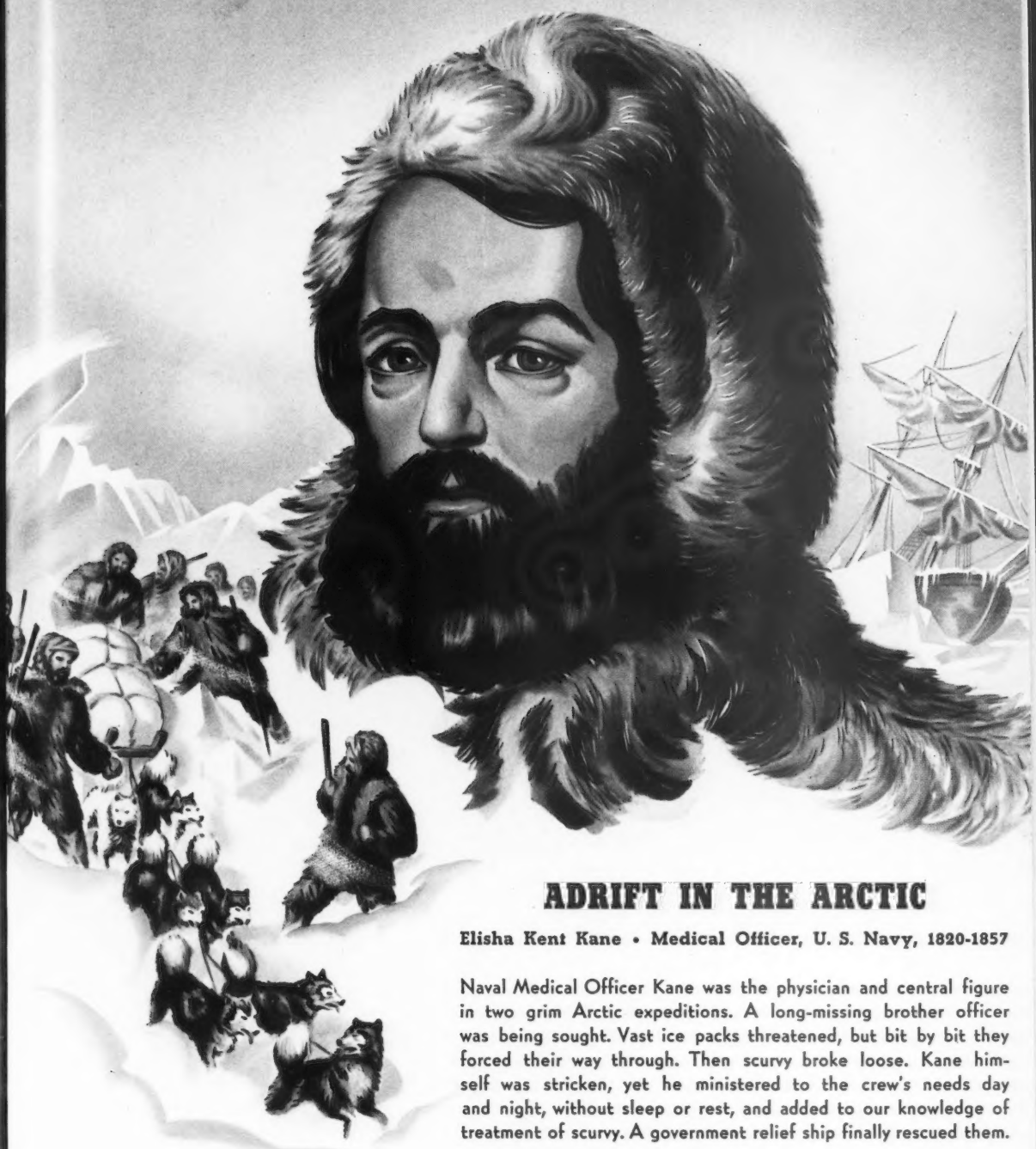
Vitamin Films in Color.—Eli Lilly and Company, Indianapolis, announces the release of three 16-mm. silent motion pictures in color descriptive of vitamin deficiency diseases. The films are available to physicians for showing before medical societies and hospital staffs. One deals with thiamine chloride deficiency, one with nicotinic acid deficiency, and the third with ariboflavinosis. The major part of all films concerns the clinical picture presented by the patient with reference to treatment by diet and specific medication. They do not contain advertising of any description, nor is the name of Eli Lilly and Company mentioned.

The films were made at the Nutrition Clinic of the University of Cincinnati at the Hillman Hospital, Birmingham, Alabama, where studies were initiated in 1935, under the joint auspices of the Department of Internal Medicine of the University of Cincinnati and the University Hospitals of Cleveland.

Vice-President of Upjohn Firm Dies.— Malcolm Galbraith, vice-president and director of sales of the Upjohn Company, died Friday morning, April 10, in Kansas City. Mr. Galbraith was born in Bowmanville, Ontario, Canada, October 23, 1876. He received his bachelor of pharmacy degree at Ontario College of Pharmacy in 1898, entering in the drug business in Ontario the same year. He later became a naturalized citizen of the United States. In 1909 he left the H. K. Mulford Company, of Philadelphia, to join the Upjohn Company. In October, 1929, he was elected to the board of directors and named director of sales. He was made vice-president of the company in May, 1936.

MEDICAL HEROES OF THE ARMY AND NAVY



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Naval Medical Officer Kane was the physician and central figure in two grim Arctic expeditions. A long-missing brother officer was being sought. Vast ice packs threatened, but bit by bit they forced their way through. Then scurvy broke loose. Kane himself was stricken, yet he ministered to the crew's needs day and night, without sleep or rest, and added to our knowledge of treatment of scurvy. A government relief ship finally rescued them.

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BOOK REVIEWS

(Continued from Page 10)

uninformed beginner will be able to educate himself with these texts. If this herculean task is to be attempted a shorter more simple and less detailed text may well be selected, at least for the beginning. This book will be of great value to cardiologists and to internists who have a particular interest in cardiovascular disease. It will find a useful place in hospital staff libraries and in the libraries of County Medical Associations as a reference work. For these purposes it is unhesitatingly recommended.

HOBART ROGERS.

Arthritis and Allied Conditions. By Barnard I. Comroe, A.B., M.D., F.A.C.P., Instructor in Medicine, University of Pennsylvania; Senior Ward Physician, Hospital of the University of Pennsylvania. Second Edition, Thoroughly Revised. Cloth. Price, $9.00. Pp. 878, with 242 engraved illustrations. Philadelphia: Lea & Febiger, 1941.

In this second edition, Dr. Comroe maintains the same high standard that was notable in the first edition of this comprehensive work on arthritis and allied conditions. Without being encyclopediatic this text is extremely comprehensive. Any general practitioner will find in it everything he needs to know about the modern concepts of the treatment of this painful group of afflictions.

If any criticism at all is made of the book it is one which is inevitably associated with such works, namely, that it is out of date by the time it is published; however, this is an inescapable fault common to all books,

(Continued on Page 14)

BOOK REVIEWS

(Continued from Page 13)

which should not distract from the merit of a soundly conceived, well executed work.

The book is evenly divided between theoretic consideration and practical application. The work of course reflects chiefly the views of the Philadelphia group of workers which is not at all to its disadvantage inasmuch as this group has had large experience and considerable success in the management of arthritic conditions.

The arrangement is logical, the coverage is comprehensive and a valuable index adds to the completeness of the work.

H. C. T.

Clinical Hematology. By Maxwell M. Wintrobe, M.D., Ph.D., Associate in Medicine, Johns Hopkins University; Associate Physician, Johns Hopkins Hospital; and Physician-in-charge, Clinic for Nutritional, Gastro-Intestinal and Hemopoietic Disorders, Baltimore, Maryland. Cloth. Price $10.00. Pp. 792, with 174 illustrations. Philadelphia: Lea & Febiger, 1942.

The author commences his book with a comprehensive treatment of the various cell types describing their morphology and physiology and gives some valuable data relative to normal values and causes of departures therefrom. The next section is devoted to theory and technique of laboratory procedures which are important to hematologic diagnosis.

In the next section the author takes up a systematic consideration of the anemias classified according to factors of cell size, hemoglobin content and concentration, a system of classification which the author has done much to popularize. This arrangement gives an easy approach to subject matter relative to a particular case in practical use. In the consideration of anemias of various etiology, the author brings out many points regarding physiology which are well worth reading.

The sections on bleeding diatheses, leukemia and other blood dyscrasias are not treated in such detailed manner as the anemias, but all important points are set down in concise fashion. There is a useful grouping of the tumor-like disease which facilitates clinical approach.

All in all the book gives a wealth of hematologic information in an easily available form. Of particular value is an extensive bibliography up to very recent date.

W. B. C.

(Continued on Page 16)

BOOK REVIEWS

(Continued from Page 14)

Neuroanatomy. By Fred A. Mettler, A.M., M.D., Ph.D., Professor of Anatomy, University of Georgia School of Medicine, Augusta, Georgia. Cloth. Price $7.50. Pp. 476, 337 illustrations. St. Louis: The C. V. Mosby Company, 1942.

This book fills a much needed gap in the medical profession in giving the student, as well as the practicing physician, a concise, clear cut and well illustrated insight into the anatomy of the nervous system.

For the student it has over 40 pages of pertinent references pertaining to the nervous system, and provides at least one reference dealing with the more important subject matter discussed in the test. Preference has been given to articles in English and in readily accessible American journals as being more useful to the average medical student.

The cuts, drawings and colored diagrams are well executed and adequately captioned.

The work is divided into two sections. The first deals with the topography and morphology of the nervous system as seen by the naked eye. The second part of the work is the microscopic description of the sections which help to correlate the two anatomically.

The text has avoided, when possible, any new technical terms which might confuse the reader.

This book should be useful for students and to practitioners who wish to refresh their minds on essentials of neurology as it may affect their practice.—Warren B. Allen.

The Essentials of Applied Medical Laboratory Technique. Details of How to Build and Conduct an Office or Small Hospital Laboratory at Small Cost. By J. M. Feder, M.D., Director of Laboratories and Allergic Service, Anderson County Hospital, Anderson, S. C. **Blood and Plasma Transfusion.** By John Elliott, Sc.D., Pathologist Rowan General Hospital, Salisbury, N. C. Cloth. Pp. 241, with illustrations. Charlotte, N. C.: Charlotte Medical Press, 1940.

The object of this book as stated in the preface is to

(Continued on Page 18)

BOOK REVIEWS

(Continued from Page 16)

aid physicians who desire to set up a small laboratory either in connection with office practice or in a small hospital and for the guidance of nurse-laboratory technicians. It covers the whole field of laboratory medicine but is not generous in details. The methods outlined are quite limited and much of the apparatus described is makeshift, unreliable, and has no place in a modern laboratory.

The technique is in most places very detailed and filled with things which need to be told only to the beginner who entirely lacks proper preliminary training.

There are many things which seem out of place in a book intended for the novice, such as a discussion of indications for blood and plasma transfusion and a chapter on toxicology which is entirely inadequate for anyone's use.

There are some definitely dangerous instructions such as the advice to pass vaccines as sterile that have been on culture for 24 hours only.

Since this book is of no interest to a trained worker, and since no untrained worker should be permitted in the field, it would appear to this reviewer that the book has no place in medical literature.—V. R. R.

Synopsis of Genitourinary Diseases. By Austin I. Dodson, M.D., F.A.C.S., Professor of Genitourinary Surgery, Medical College of Virginia; Genitourinary Surgeon to the Hospital Division, Medical College of Virginia; Genitourinary Surgeon to Crippled Children's Hospital; Urologist to St. Elizabeth's Hospital; Urologist to St. Luke's Hospital and McGuire Clinic. Third Edition. Cloth. Price $3.50. Pp. 302, with 112 illustrations. St. Louis: The C. V. Mosby Company, 1941.

This small volume purports to be intended for Medical students, interns and general practitioners. The text is legibly printed on good quality paper and the illustrations are well done. The personality of the author seems to intrude pleasantly through the pages giving one the impression that he is writing mostly from personal experience.

Small defects are to be noted such as the phrases, "perenephritic abscess, catheterized urine and frequency," in place of "perinephric abscess, catheter urine and increased frequency of urination." The use of italics for emphasis seems to this reviewer to be disturbing though this is an admittedly personal objection.

No mention is made of the instrumental methods of performing the operations of meatotomy and circumcision, although these procedures are common practice.

Most urologists would take exception to the remark that Urotropin is the most generally used urinary antiseptic. The x-ray diagnostic points in perinephric abscess are not described nor is the commonly accepted treatment of Hunner's ulcer considered. Doctor Dodson also fails to regard the role played by chronic renal infections in hypertension.

There are abundant tables for use of ketogenic diet and it seems that too much space is taken up thereby, inasmuch as this form of therapy has been largely supplemented by the sulfa drugs.

Outside of these faults the book is well balanced, readable and well worth perusal by those for whom it is intended. The urologist would find it of doubtful value.—J. A. D.

Telephone Etiquette

As we respond to a phone call, the voice at the other end of the line is heard to say:

"This is Dr. X's secretary. Will you hold the line a minute. Dr. X wants to talk with you."

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This happens frequently to all of us. We doodle for a minute or two while busy Dr. X comes to the telephone after his secretary has made the contact. It would be more courteous if Dr. X had made the call himself, doodled for a little while waiting for us, and then greeted us personally when we spoke into the receiver. It would have flattered us if he had assumed that we were as busy as he or that our time was worth as much as his.

Relatively speaking, this is a small matter. How our telephone contacts are made will never change the course of history, but in a world in which courtesy is little thought of any more, it would be gracious to do the waiting on your end of the telephone line, rather than let a colleague's nerves become frayed while waiting for you at the other end of the line.—*The Canadian Doctor.*

From a woodcut of Albrecht Durer (1471-1528) representing the first appearance of syphilis in Nuremburg in 1496.

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1. Levin, E. A. & Keddie, Frances: *J.A.M.A.* 118:368, 1942

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